NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

October 13-14, 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: September 22, 2021

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday October 13, 2021. The meeting will continue, Thursday, October 14, 2021 at 9:00 am if necessary or until the Board concludes its business at the following location:

Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 August 31 – September 2, 2021 Meeting Minutes (**FOR POSSIBLE ACTION)**

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance **(FOR POSSIBLE ACTION)**

   A. ABF/ ROMCare Health Services, LLC – Sunset Hills, MO
   B. Access Closure, Inc. – Santa Clara, CA
   C. Biom'Up USA, Inc. – New York, NY
   D. Elevate Pharmacy – Leon Valley, TX
   E. Exact Sciences Corporation – Maidson, WI
   F. Koya Medical Inc. – Oakland, CA
   G. Livongo Health Inc. – Mountain View, CA
   H. Medivators Inc. – Minneapolis, MN
   I. NDC Homecare LLC – LaVergne, TN
   J. Penumbra Headquarters – Alameda, CA
   K. Somnics Health – Redwood City, CA
   L. Summit Services & Supplies LLC – Kemmerer, WY

   4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

   Background Check Not Required by Law.

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

4.2.2 Manufacturer (NAC 639.593(7)(d))

M. Abraxis BioScience, LLC – Phoenix, AZ
N. Akorn, Inc. – Decatur, IL
O. Cipla Therapeutics, Inc. – Warren, NJ
P. Datascope Corp. – Mahwah, NJ
Q. Getinge USA Sales, LLC – Wayne, NJ
R. Medexus Pharma, Inc. – Chicago, IL
S. Kartha Pharmaceuticals, Inc. – Matthews, NC
T. Ossur Americas, Inc. – West Deptford, NJ
U. Organon LLC – Jersey City, NJ
V. Provepharm, Inc. – Collegeville, PA
W. Radha Pharmaceuticals Inc. – Hauppauge, NY
X. Sun Pharmaceutical Industries, Inc. – Cranbury, NJ
Y. ZyVet Animal Health Inc. – Pennington, NJ

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

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

Z. Akorn, Inc. – Gurnee, IL
AA. UPS Supply Chain Solutions, Inc. – Moreno Valley, CA
BB. Wellgistics LLC – Lakeland, FL

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

CC. Vertical Pharmaceuticals, LLC – Sayreville, NJ

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

DD. Jazz Pharmaceuticals, Inc. – Palo Alto, CA
EE. Phatham Pharmaceuticals, Inc. – Florham Park, NJ

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

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

FF. PMW, Inc. – West Valley City, UT

4.3 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

GG. Smith's Pharmacy #331 – Henderson, NV
HH. Well Care Apothecary, LLC – Reno, NV

4.4 Application for Nevada Compounding Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

II. Northern Nevada Sierra Medical Center Pharmacy – Reno, NV

4.5 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance **(FOR POSSIBLE ACTION)**

JJ. Coastline Pharmacy LLC – Jupiter, FL
KK. Covetrus Pharmacy Services, LLC – Fort Worth, TX
LL. Prescription Mart – Beaumont, TX
MM. Roman Health Pharmacy LLC – Grand Prairie, TX
NN. Walgreens Central Fil #21372 – Tolleson, AZ

4.6 Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Non-appearance – **(FOR POSSIBLE ACTION)**

OO. Medsync Pharmacy – Boise, ID
PP. Mixlab, Inc. – Los Angeles, CA

4.7 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Non-appearance (**FOR POSSIBLE ACTION**)

QQ. Dia-Foot - Las Vegas, NV

◈ REGULAR AGENDA ◈

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

A.	Walmart Stores Inc.	(20-226-PH-N)
B.	Kimberly Astorino	(18-051-RPH-S)
C.	Robert Webb, PA	(18-115-CS-S)
D.	Akindele E. Kolade, MD	(19-237-CS-A-S)
E.	Jean-Marie Swaine, APRN	(19-237-CS-B-S)
F.	Nnenna A. Olubajo, APRN	(19-237-CS-C-S)
G.	Sassan Kaveh, MD	(21-051-CS-N)
H.	Alyssa Cocjin	(20-109-TD-N)
I.	Sowjanya Reganti, MD	(20-109-CS-A-N)
J.	Vodur Suresh Reddy, MD	(20-109-CS-B-N)
K.	Emily Guerard, MD	(20-109-CS-C-N)
L.	Santhosh Ambika, MD	(20-109-CS-D-N)
M.	Tejvir Singh, MD	(20-109-CS-E-N)
N.	Aaron Bowman, MD	(20-109-CS-F-N)
O.	Juan Cattoni, MD	(20-109-CS-G-N)

P. Ghayda Alrass, RPH (21-065-RPH-N)
Q. Kord T. Strebel, MD (19-053-CS-S)
R. Thomas E Strebel, RPH (19-053-RPH-S)
S. James Forsythe, MD (19-144-CS-N)
T. David Howard Babit, PT (21-098-PT-S)
U. Nathan Dahl, RPH (21-069-RPH-N)
V. Dahl's Specialty Pharmacy of Carson (21-069-PH-N)
W. Stephen Dubin, MD (20-020-CS-S)
X. Trinity Pharmacy (19-240-PH-S)
Y. Ma Lourdes Jauregui, RPH (19-240-RPH-S)
Z. Nevada Health RX, Inc. D/B/A Prax-Rx (18-043-PH-S)
AA. Scot Silber, RPH (18-043-RPH-S)
BB. Chad Hall, DO (21-108-CS-S)
CC. Salvador Borromeo (20-210-CS-A-S)
DD. Lin's Supermarket, Inc. (18-028-PH-S)(20-063-PH-S)(21-107-PH-S)
EE. Katila Pipitone, RPh (18-028-RPH-A-S)(20-063-RPH-S)
FF. Timothy Johnson, RPh (18-028-RPH-B-S) (21-107-RPH-S)

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

   Aircare SMRT, LLC (20-062-S)

7. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. (**FOR POSSIBLE ACTION)**

   A. Christina Fidel
   B. Pagan Silveira
   C. David Tilsen

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

   Joseph Cherian

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

   Orlandis Wells

10. Application for Nevada Pharmacy License (NRS 639.230) – Appearance (**FOR POSSIBLE ACTION**)

    A. Complete Care Pharmacy – Las Vegas, NV
    B. Comprehensive Digestive Surgicenter, LLC – Las Vegas, NV
    C. First Choice Pharmacy, LLC – Las Vegas, NV
    D. Greenbay Specialty Pharmacy – Las Vegas, NV
    E. Las Vegas Community Pharmacy – Las Vegas, NV

F. TMS Pharmacy LLC – Las Vegas, NV

11. Applications for Out-of-State Pharmacy License (NRS 639.2328) – Appearance (**FOR POSSIBLE ACTION**)

A. Humana Pharmacy, Inc. – Tampa, FL
B. Pyramids Infusion Center – Webster, TX
C. Revival Animal Health – Orange City, IA

12. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

A. MedQuest Pharmacy, Inc. – North Salt Lake, UT
B. Optum Infusion Services 500, Inc. – Irwindale, CA
C. Tailor Made Compounding – Nicholasville, KY

13. Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Appearance (**FOR POSSIBLE ACTION**)

A. NDC Homecare LLC – North Las Vegas, NV
B. Orthopedic Services of Utah, Inc. – Las Vegas, NV
C. Platinum Medical Supplies, LLC – Las Vegas, NV

14. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

A. Hikma Specialty USA Inc. – Columbus, OH – Background Check Not Required – Manufacturer (NAC 639.593(7)(d)) - Disclosure
B. Medline Industries, Inc. – Greyslake, IL – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
C. Medline Industries, Inc. – Southaven, MS – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
D. The Compounding Center – Phoenix, AZ – Background Check completed in compliance with NRS 639.500 – Disqualifying Events – Disclosure
E. VGM Group, Inc. – Waterloo, IA – Background Check completed in compliance with NRS 639.500 – Disqualifying Events – Disclosure
F. VGM Group, Inc. – Phoenix, AZ - Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
G. VGM Group, Inc. – Nashville, TN – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events - Disclosure

15. Application for Out-of-State Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

STAQ Pharma, Inc. – Denver, CO

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

Parkway Recovery Care Center, LLC – Henderson, NV

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

    Sandra Schroeder

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

    Walgreens Pharmacy #11227

19. 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).

20. 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 October 14, 2021 – 9:00 am

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

    A. Amendment of Nevada Administrative Code (NAC) 639.220 Schedule of fees; penalty for late renewal; exemptions from certain fees. The proposed amendment to NAC 639.220 will provide medical interns and residents reduced fees to prescribe or possess controlled substances and to biennially renew such authorization.
    (LCB File No. R003-21)

    B. Amendment Of Nevada Administrative Code (NAC) Chapter 453: Prescription Monitoring Program Integration. The proposed amendments will regulate the integration of the records of patients in the database of the computerized program established pursuant to NRS 453.162 with the electronic health records of practitioners.
    (LCB File No. R008-21)

C. **Amendment of Nevada Administrative Code (NAC) 453.540: Schedule IV**. The proposed amendment to NAC 453.540 will add lemborexant and remimazolam, to the list of controlled substances listed in Schedule IV.
(LCB File No. R024-21)

22. Date and Location of Next Scheduled Board Meeting:

December 1-2, 2021 – Las Vegas, NV

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

24. Adjournment

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

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

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

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

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MINUTES

August 31 – September 2, 2021

BOARD MEETING

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

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	Kristopher Mangosing
Brett Kandt	Joe Dodge	Dena McClish	Sophia Long
Courtney Lee	Darlene Nases	Leo Basch	Ken Scheuber
Monica Segedy			

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 August 31 2021, 9:00 AM

Bill Head from Pharmaceutical Care Management Association wanted to comment on Agenda Item 26.

President Park commented that Mr. Head can address the item when it is called upon in the Board Meeting.

◈ CONSENT AGENDA ◈

3. Approval of the July 14-15, 2021 Meeting Minutes

Board Action:

Motion: Wayne Mitchell moved to approve the July 14-15, 2021 Meeting Minutes.

Second: Jade Jacobo

Action: Passed unanimously.

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance (**FOR POSSIBLE ACTION)**

A. Darlan Medical Incorporated – Springfield, VA
B. EyeTech Digital Systems Inc. – Mesa, AZ
C. Henry Schein Inc. – Whitestown, IN

4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

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

4.2.2 Manufacturer (NAC 639.593(7)(d))

D. BeiGene USA, Inc. – San Mateo, CA
E. Circassia Inc. – Morrisville, NC
F. Dermavant Sciences, Inc. – Long Beach, CA
G. Greenwich Biosciences, Inc. – Carlsbad, CA
H. Immunocore Commercial LLC – Conshohocken, PA
I. I 3 Pharmaceuticals, LLC – Warminster, PA
J. Ohm Laboratories, Inc. – New Brunswick, NJ

K. Posey Products, LLC – Neenah, WI
L. Stradis Healthcare – Peachtree Corners, GA
M. Stradis Healthcare – Waukegan, IL

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

N. CTI BioPharma Corp. – Seattle, WA
O. Glaukos Corporation – San Clemente, CA

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

P. Almirall, LLC – Exton, PA
Q. Alpine Health LLC – Secaucus, NJ
R. MedMax Rx, Inc. – Plainview, NY

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

S. Safecor Health, LLC – Columbus, OH

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

T. Arcutis Biotherapeutics, Inc. – Westlake Village, CA
U. Inogen, Inc. – Plano, TX
V. Kala Pharmaceuticals, Inc. – Watertown, MA
W. STAAR Surgical Company – Monrovia, CA

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

X. McKesson Medical-Surgical Inc. – Bartlett, IL
Y. McKesson Medical-Surgical Inc. – Garland, TX
Z. McKesson Medical-Surgical Inc. – Hanover Park, IL

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

AA. Pinnacle Pharma LLC – Charlotte, NC
BB. Tri-Anim Health Services, Inc. – Grand Prairie, TX

4.3 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

CC. CNS Rx Delivery, LLC – Sparks, NV
DD. ER at Valley Vista – North Las Vegas, NV

4.4 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance **(FOR POSSIBLE ACTION)**

EE. Telnet-RX Telepharmacy – Yorba Linda, CA
FF. ValisureRX, LLC – New Haven, CT

4.5 Application for Nevada Compounding Pharmacy License (NRS 639.230) – Non-appearance – **(FOR POSSIBLE ACTION)**

GG. Well Care Apothecary, LLC – Las Vegas, NV
HH. Well Care Discount Pharmacy, LLC – Las Vegas, NV

Krystal Freitas recused herself from participation from Agenda Item 4DD due to her employment.

Board Action:

Motion: Jade Jacobo moved to approve Consent Agenda excluding item 4DD.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve Consent Agenda Item 4DD.

Second: Wayne Mitchell

Action: Passed unanimously (Freitas recused).

◈ REGULAR AGENDA ◈

8. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. (**FOR POSSIBLE ACTION)**

A. Sheyanne Moore

Sheyanne Moore appeared and was sworn in by President Park prior to answering questions and offering testimony.

David Wuest, Executive Secretary of the Nevada Board of Pharmacy, provided background on her appearance regarding a completed evaluation that was requested by the Board. He commented that the counselor stated she is fit to work; however, she should continue bi-weekly meetings for a year. Since the motion did not state this information, he is bringing this request in front of the Board for approval.

Ms. Moore is in favor of the suggestion by her counselor.

Board Action:

Motion: Jade Jacobo moved to approve Pharmaceutical Technician in Training Registration for Sheyanne Moore with conditions that she continues her bi-weekly meetings with her counselor for one year.

Second: Wayne Mitchell

Action: Passed unanimously.

B. Clinton Rickman

Clinton Rickman appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, provided background on disclosure regarding trafficking controlled substances.

The Board questioned Mr. Rickman regarding the events that occurred with his disclosure and why he wants to become a Pharmaceutical Technician.

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

Board discussion ensued regarding Mr. Rickman's career in a pharmacy. Many Board members had reservations approving his licensure.

Board Action:

Motion: Jade Jacobo moved to deny Pharmaceutical Technician in Training Registration for Clinton Rickman.

Second: Rolf Zakariassen

Action: Passed unanimously.

26. Discussion and possible action to request an Attorney General Opinion pursuant to NRS 228.150 on whether Nevada law requires any pharmacist compounding or dispensing any prescription for a controlled substance or dangerous drug for a patient located in Nevada to be registered with the Board. **(FOR POSSIBLE ACTION)**

Mr. Kandt provided background to the Board on the agenda item.

President Park opened public comment.

Roger Morris, attorney with Quarles & Brady, commented that an Attorney General's Opinion (AGO) is needed on this matter and referred to written comments submitted by his firm.

Bill Head from Pharmaceutical Care Management Association commented that this interpretation of the law needs to be reviewed carefully, and he appreciates Board staff's openness on this issue.

Liz McMenamin from the Retail Association of Nevada commented that this interpretation of Nevada law may bring restrictions to pharmacies during the pandemic and questioned how this will help patient safety.

Mr. Wuest commented that Board staff is working with out-of-state pharmacists to grant temporary registrations while applications are pending.

Board discussion ensued regarding whether an AGO is necessary.

Board Action:

Motion: Jade Jacobo moved to seek a formal opinion from the AGO on whether Nevada law requires any pharmacist compounding or dispensing any prescription for a controlled substance or dangerous drug for a patient located in Nevada to be registered with the Board.

Second: Gener Tejero

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

Nay: Tomasso

Action: Motion carries.

9. Applications for Advance Practice Registered Nurse – Prescribe Registration (NAC 639.850) – Appearance. (**FOR POSSIBLE ACTION)**

B. Ma. Celestina Aguilar

Ma. Celestina Aguilar appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee, General Counsel of the Nevada Board of Pharmacy, provided background on disclosure regarding money laundering.

The Board questioned Ms. Aguilar on the events that occurred with her disclosure.

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

Board Action:

Motion: Jade Jacobo moved to approve Advance Practice Registered Nurse – Prescribe Registration for Ma. Celestina Aguilar.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Jason Bellak

Jason Bellak appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Long provided background on disclosures regarding substance abuse, a DUI, child abuse, and battery.

The Board questioned Mr. Bellak regarding the events that occurred with his disclosures and his license status with other pharmacy boards.

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

Board discussion ensued regarding Mr. Bellak's past discipline and a possible evaluation.

Board Action:

Motion: Jade Jacobo moved to approve for Controlled Substance Registration for Jason Bellak.

Second: Rolf Zakariassen

Board discussion ensued regarding if Mr. Bellak should receive an evaluation before approval of licensure.

Aye: Park, Jacobo, Freitas, Tomasso, Zakariassen

Nay: Mitchell, Tejero

Action: Motion carries.

B. Victor Bruce

Victor Bruce appeared and was sworn in by President Park prior to answering questions and offering testimony.

John Hunt appeared as counsel on behalf of Dr. Bruce.

Ms. Lee provided background on Dr. Bruce's federal conviction in 2014 for conspiracy to distribute oxycodone and his 2020 citation and fine from the Board for dispensing controlled substances without a registration.

Mr. Hunt and Dr. Bruce contested that Dr. Bruce had dispensed controlled substances without a registration.

Brett Kandt, General Counsel for the Board, objected to Dr. Bruce's arguing the merits of the citation and fine at this juncture since he dropped his appeal, waived his right to a hearing, and paid the fine.

The Board questioned Dr. Bruce regarding his disclosures and past work history.

Board discussion ensued regarding Dr. Bruce being a risk to the public.

Board Action:

Motion: Jade Jacobo moved to deny Victor Bruce's application for a controlled substance registration pursuant to NRS. 453.231 (1)(d) and (h).

Second: Wayne Mitchell

Action: Passed unanimously.

C. Mark Vellek

Wayne Mitchell disclosed that he has a business relationship with Mr. Vellek but stated that he could participate in this matter fairly and without bias.

Mark Vellek appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on disclosures regarding a record keeping issue.

Mr. Vellek clarified that he did not divert drugs, but the issue was his staff did not properly record keeping the drugs.

Board Action:

Motion: Jade Jacobo moved to approve Controlled Substance Registration for Mark Vellek.

Second: Krystal Freitas

Action: Passed unanimously.

12. Application for Nevada Pharmacy License (NRS 639.230) – Appearance (**FOR POSSIBLE ACTION**)

A. Allivet – Las Vegas, NV

Leticia Vasquez (Director of Compliance), Jerry Depa (Managing Pharmacist for Las Vegas, NV), and Mitchell Manor (Managing Pharmacist for Fishers, IN) appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Ms. Vasquez to speak on behalf of Allivet.

Ms. Lee provided background on Allivet's disclosures regarding unlicensed practice and actions taken by other pharmacy boards due to their disciplinary actions.

The Board questioned Mr. Depa about the business model and his work history.

Mr. Depa answered Board's questions and commented that he is working from home.

Mr. Wuest commented that Mr. Depa needs to request a permission from the Board to work outside of a pharmacy.

Board discussion ensued regarding if they should license this location and putting possible conditions on licensure.

Board Action:

Motion: Jade Jacobo moved to approve Allivet's application for a Nevada Pharmacy License pending favorable inspection. Also, quarterly inspections for a year at the company's expense.

Second: Richard Tomasso

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

Nay: Park

Action: Motion carries.

14. Applications for Out-of-State Pharmacy License (NRS 639.2328) – Appearance

A. Allivet – Fishers, IN

Ms. Lee commented that the disclosures are the same as Agenda Item 12A.

The Board questioned Allivet to see if they have a Nevada licensed pharmacist.

Ms. Vasquez commented that Stuart Tolman who is a pharmacist at this location is licensed with Nevada.

Board Action:

Motion: Richard Tomasso moved to approve Allivet's Out-of-State Pharmacy License.

Second: Jade Jacobo

Action: Passed unanimously.

12. Application for Nevada Pharmacy License (NRS 639.230) – Appearance (**FOR POSSIBLE ACTION**)

B. Elemental Pharmacy – Las Vegas, NV

Richard Tomasso was excused from the meeting at 12:06pm.

Randy Case, Chief Executive Officer, and Jenner Sinang, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge, Nevada Board of Pharmacy Inspector, provided background on the application.

Mr. Dodge questioned Mr. Case regarding the business model, types of products being sold, and how he chose the location for the pharmacy.

Mr. Dodge questioned Mr. Sinang about how he found this position and his work history.

Mr. Case and Mr. Sinang answered Board's questions to their satisfaction.

The Board questioned Mr. Sinang regarding his work history as the documentation in the application is not clear. They do not know how he worked full-time in Nevada and Texas during the same time frame.

Mr. Sinang tried to clarify to the Board and explained that he is having a hard time putting his hours into words.

Board discussion ensued.

Mr. Case requested to table the application to work on clarifying Mr. Sinang's work history.

President Park tabled Elemental Pharmacy's application at Mr. Case's request.

9. Applications for Advance Practice Registered Nurse – Prescribe Registration (NAC 639.850) – Appearance. (**FOR POSSIBLE ACTION)**

A. Bayink-Raine Falter

Richard Tomasso rejoined the meeting at 12:38pm.

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

Ms. Lee provided background on Mr. Falter's appearance regarding amending his application to include prescribing controlled substances.

Mr. Falter commented that he was not aware that the Board of Nursing approved him to prescribe Schedule III-V drugs. He unknowingly turned it down with the Nevada Board of Pharmacy, so he is requesting approval to include controlled substances.

Board discussion ensued regarding his past disclosures and his request to amend his application to include controlled substances.

Mr. Wuest commented that Mr. Falter would still comply with the Nursing Agreement that he has with the Board of Nursing.

Board Action:

Motion: Jade Jacobo moved to approve amended application for Bayink-Raine Falter's to include prescribing controlled substances with conditions to continue to comply with his Board of Nursing agreement.

Second: Wayne Mitchell

Action: Passed unanimously.

12. Application for Nevada Pharmacy License (NRS 639.230) – Appearance (**FOR POSSIBLE ACTION**)

C. Freedom Pharmacy – Las Vegas, NV

Paul Vo and Quang-Hai Tran, Co-owners, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Long provided background on the application and disclosures for Mr. Tran and Mr. Vo.

Mr. Tran commented that he was at the wrong place at the wrong time. He was at a friend's house that got raided, and they arrested him. However, he was not charged.

Mr. Vo commented that his friends got in a fight where he tried to explain to the officer what happened. However, the police officer arrested him for disturbing the peace.

The Board questioned Mr. Vo and Mr. Tran on how they met, their business model, why they want to open a pharmacy in Nevada, and how they hired their managing pharmacist.

Mr. Tran and Mr. Vo answered questions to the Board's satisfaction.

Jade Jacobo disclosed that she knows the Managing Pharmacist, Hanson Truong, but stated that she could participate in this matter fairly and without bias.

Krystal Freitas disclosed that she has met the Managing Pharmacist, Hanson Truong, but stated that she could participate in this matter fairly and without bias.

Board suggested that Mr. Truong appear before the Board.

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

The Board questioned Mr. Truong on his work history and why he was interested in becoming the Managing Pharmacist for this business.

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

Board Action:

Motion: Jade Jacobo moved to approve Nevada Pharmacy License for Freedom Pharmacy pending a favorable inspection.

Second: Wayne Mitchell

Action: Passed unanimously.

D. ICare Pharmacy – Las Vegas, NV

Ming Quang Nguyen, Owner and Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on the application and a disclosure regarding an administrative action against Mr. Nguyen regarding a Pharmaceutical Technician in Training working under him without an active registration.

The Board questioned why he wants to open a pharmacy, his management experience, the reason for his termination at Walgreens, and how he plans to bring in business into the pharmacy.

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

The Board requested further clarification regarding Mr. Nguyen's relationship with Dr. Julie Wu and the benefits that she will receive from his pharmacy.

Mr. Nguyen commented that he met Ms. Wu through his girlfriend, and their relationship will not provide any special benefits at her practice or his pharmacy.

The Board further clarified that his pharmacy or Dr. Wu's practice should not receive any financial incentives for any referrals.

Board Action:

Motion: Jade Jacobo moved to approve Nevada Pharmacy License for Icare Pharmacy pending a favorable inspection.

Second: Wayne Mitchell

Action: Passed unanimously.

G. The Medicine Shoppe Retail Pharmacy – Las Vegas, NV

Krystal Freitas disclosed that Jed Anisco was a former student but stated that she could participate in this matter fairly and without bias.

President Park disclosed that Jed Anisco was affiliated with Roseman University but stated that she could participate in this matter fairly and without bias.

Chris Dang appeared as counsel on behalf of The Medicine Shoppe Retail Pharmacy.

Michael Tadros, Compliance Manager, and Jed Anisco, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge commented that The Medicine Shoppe was granted a temporary license, and Board staff completed their pre-inspection. He found no issues.

The Board questioned Mr. Tadros about the business model and how they found Mr. Anisco. Also, they questioned Mr. Anisco regarding his work history.

Mr. Tadros and Mr. Ansisco answered questions to the Board's satisfaction.

President Park requested a Letter of Authorization from Mrs. Meriona Tadros confirming that Michael Tadros can speak on behalf of the company.

Board Action:

Motion: Jade Jacobo moved to approve Nevada Pharmacy License for The Medicine Shoppe Retail Pharmacy pending receipt of the Letter of Authorization for Mr. Tadros to speak on behalf of the company.

Second: Krystal Freitas

Action: Passed unanimously.

13. Application for Nevada Compounding Pharmacy License (NRS 639.230) – Appearance (**FOR POSSIBLE ACTION**)

The Medicine Shoppe LTC Pharmacy – Las Vegas, NV

This matter was continued to a future Board Meeting.

12. Application for Nevada Pharmacy License (NRS 639.230) – Appearance (**FOR POSSIBLE ACTION**)

E. LV Pharmacy and Medical Supplies – Las Vegas, NV

Angela Balian, Owner and Managing Pharmacist, and Marianna Alaverdyan, Co-Owner, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Long provided background on the application.

The Board questioned Ms. Balian on the business model, what type of products that they will be selling, her work history as a Managing Pharmacist, and how she knows Ms. Alaverdyan.

The Board questioned Ms. Alaverdyan on her work history, what her role will be in the pharmacy, and if she will have access to the pharmacy.

Ms. Balian and Ms. Alaverdyan answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve Nevada Pharmacy License for LV Pharmacy and Medical Supplies pending a favorable inspection.

Second: Wayne Mitchell

Action: Passed unanimously.

F. Talas Harbor at Lake Mead – Las Vegas, NV

Murray Robison (Managing Pharmacist), Natalie Lamberton (Co-owner), and Ronald Steward (Co-owner) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on the application. She requested clarification on the company's ownership as she found only Ronald Steward listed on the Nevada Secretary of State website; however, the application has three owners listed.

Mr. Stewart commented that they did a change of ownership recently which he filed with the Nevada Secretary of State.

Ms. Lee commented that the current application with the Board does not reflect the proper ownership and asked if they would like to table the application to update their application.

Mr. Stewart requested to table the application so that he can update the application to reflect the change of ownership.

President Park tabled Talas Harbor at Lake Mead's application at Mr. Stewart's request.

14. Applications for Out-of-State Pharmacy License (NRS 639.2328) – Appearance

B. Summit Pharmacy Inc. – Phoenix, AZ

Stephen Persons, Managing Pharmacist, and Scott Lake, Chief Executive Officer, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Chris Dang appeared as counsel on behalf of Summit Pharmacy.

Ms. Lee provided background on the application and their disclosures. Summit Pharmacy disclosed the following administrative actions: 1) They did not notify the Alabama Prescription Drug Monitoring database about all dispensed controlled substances. 2) Hawaii, Florida, and Michigan took action due to the pharmacy not notifying the Boards of their Alabama disclosure in timely manner. 3) Texas charged the pharmacy with an administrative penalty due to not accurately reporting their discipline on their renewal application.

Mr. Persons agreed with Ms. Lee's summary and stated that Summit has paid all finds regarding the company's discipline.

Board Action:

Motion: Jade Jacobo moved to approve ownership change for Out-of-State Pharmacy License for Summit Pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously.

15. Applications for Out-of-State Compounding Pharmacy License (NRS 639.2328) – Appearance (**FOR POSSIBLE ACTION**)

A. Nutrishare, LLC – Elk Grove, CA

Rodney Okamoto, Managing Pharmacist and Former Owner, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Okamoto commented that this application is for a change of ownership.

Mr. Dodge requested if Mr. Okamoto would like to remove the affidavit regarding not shipping sterile products into Nevada. Mr. Okamato agreed.

The Board questioned Mr. Okamoto regarding if they have a Nevada registered pharmacist on staff, their business model, ownership change, the products that they are shipping into Nevada, and compounding procedures.

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

Board Action:

Motion: Jade Jacobo moved to approve ownership change for Out-of-State Compounding Pharmacy License for Nutrishare, LLC.

Second: Wayne Mitchell

Action: Passed unanimously.

B. Westcliff Compounding Pharmacy – Newport Beach, CA

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

The Board questioned Mr. Pavlovich on if they have a Nevada registered pharmacist on staff, how they sterile compound their products, the results of their California inspection, and how many prescriptions a day that they would compound.

Mr. Dodge requested if Mr. Pavlovich would like to remove the affidavit regarding not shipping sterile products into Nevada. Mr. Pavlovich agreed.

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

Mr. Dodge commented that they had a favorable California Board of Pharmacy inspection.

Mr. Pavlovich commented that this is not a change in ownership, but it is for a change in activity at the pharmacy to provide sterile products into Nevada.

The Board requested clarification on the pharmacy's disclosure regarding wholesaling without a license.

Board Action:

Motion: Wayne Mitchell moved to approve Westcliff Compounding Pharmacy to ship sterile compounded products into Nevada.

Second: Gener Tejero

Action: Passed unanimously.

C. Women's International Pharmacy, Inc. – Youngtown, AZ

David Hill (Chief Executive Officer and President), Susan Mogen (Managing Pharmacist), Michelle Violi (Manager) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Mogen commented that the Managing Pharmacist position has changed to her, and she has been granted a temporary Nevada Pharmacist registration.

The Board questioned Mr. Hill about their business model and any operational changes.

The Board questioned Ms. Mogen regarding her work history, why she wanted to become the Managing Pharmacist, and the products that they would be shipping into Nevada.

Mr. Hill and Ms. Mogen answered questions to the Board's satisfaction.

Mr. Dodge commented that he reviewed their Arizona Inspection, and everything looked satisfactory.

Board Action:

Motion: Wayne Mitchell moved to approve ownership change for Out-of-State Compounding Pharmacy License for Women's International Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

16. Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Appearance (**FOR POSSIBLE ACTION**)

A. Ivie Services LLC – Las Vegas, NV

This application was withdrawn.

B. National Seating & Mobility, Inc. – Henderson, NV

Tom Flynn, Branch Manager, and Karen Shell, Director of Compliance, appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Ms. Shell to speak on behalf of the company.

Ms. Long provided background on the application.

The Board questioned Mr. Flynn regarding the change of ownership and any issues with their previous inspections.

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

Ms. Long commented that changes regarding MDEG administrator need to be notified to the Board within 3 days.

Board Action:

Motion: Wayne Mitchell moved to approve location change for Nevada Medical, Devices, Equipment and Gases License for National Seating & Mobility pending favorable inspection.

Second: Gener Tejero

Action: Passed unanimously.

C. Owens Healthcare – Medical Equipment, Inc. – Reno, NV

John Friesen (Owner), Todd Dodds (Vice President), and Matthew Rotter (MDEG Administrator) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Long provided background on the application and a disclosure regarding a misfill.

Mr. Dodds commented that protocols have been put in place to ensure that a misfill will not occur again.

The Board questioned Mr. Rotter on his experience becoming an MDEG Administrator and if he will be the administrator for more than one location.

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

Board Action:

Motion: Krystal Freitas moved to approve Nevada Medical, Devices, Equipment and Gases License for Owens Healthcare pending favorable inspection.

Second: Gener Tejero

Action: Passed unanimously.

D. Pacific Pulmonary Services – Las Vegas, NV

Sylvia Corona, Customer Service Manager, and Shontaia Dixon, Compliance Manager, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on the application.

The Board questioned Ms. Dixon on the intent behind the location change.

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

The Board questioned Ms. Corona on her disclosure regarding diverting controlled substances.

Ms. Corona explained the events that occurred with her disclosure.

The Board requested Ms. Corona to provide court documents so that they confirm the charges and disciplinary actions taken.

Mr. Wuest commented if they would like to table the application so that Ms. Corona can retrieve her court documents. Ms. Corona agreed.

President Park tabled Pacific Pulmonary Services application at Ms. Corona's request.

E. Patients Choice LLC – North Las Vegas, NV

Daniel Scott Graves Jr. (MDEG Administrator), Todd Davis (Compliance Manager), Del Rinquest (Chief Executive Officer) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee commented that the company's name should be changed to "Patients Choice NV LLC".

Ms. Lee provided background on the application and unlicensed activity at this location. The company ceased operations, paid the fine, and they are now requesting Nevada licensure.

Mr. Graves commented that they ceased operations and removed products from their location.

Mr. Rinquest thanked Kenneth Scheuber, Nevada Board of Pharmacy Investigator, for explaining the process and helping him understand the errors that they made and how to correct it.

President Park questioned Mr. Graves regarding his experience as an MDEG Administrator.

Mr. Graves provided his background and advised that he is accredited with Assistive Technology Professional (ATP).

Board Action:

Motion: Jade Jacobo moved to approve Nevada Medical, Devices, Equipment and Gases License for Patients Choice NV LLC pending favorable inspection.

Second: Wayne Mitchell

Action: Passed unanimously.

17. Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance (**FOR POSSIBLE ACTION)**

    Lincare, Inc. – Nashville, TN

Colin Waller, Compliance Manager, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Mr. Waller to speak on behalf of the company.

Ms. Long provided background on the application and disclosures regarding shipping products with a prescription file that was out of date.

The Board questioned Mr. Waller regarding protocols to ensure that prescriptions are up-to-date and who the products are being shipped to.

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

Board Action:

Motion: Jade Jacobo moved to approve Out-of-State Medical, Devices, Equipment and Gases License for Lincare, Inc.

Second: President Park

Action: Passed unanimously.

18. Application for Nevada Wholesaler License (NRS 639.233) – Appearance **(FOR POSSIBLE ACTION)**

Safco Dental Supply LLC – Sparks, NV – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – No Disclosure

Theodore Vucenich, Site Manager, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Mr. Vucenich to speak on behalf of the company.

Mr. Wuest provided background on application.

The Board questioned Mr. Vucenich about the business model and why they are opening a location in Nevada.

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

Board Action:

Motion: Jade Jacobo moved to approve Nevada Wholesaler License for Safco Dental Supply LLC.

Second: Krystal Freitas

Action: Passed unanimously.

24. Approval of revised Pharmacy License Application **(FOR POSSIBLE ACTION)**

Ms. Long presented the proposed changes to the pharmacy application.

Gener Tejero suggested including the pharmacist registration number in section 1 of the pharmacy application.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve Pharmacy License Application as proposed by Ms. Long.

Second: Jade Jacobo

Action: Passed unanimously.

25. Approval of new Ambulatory Surgical Center and Recovery Center License Application **(FOR POSSIBLE ACTION)**

Ms. Long presented the proposed Ambulatory Surgical Center and Recovery Center License Application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Ambulatory Surgical Center and Recovery Center License Application as presented by Ms. Long.

Second: Wayne Mitchell

Action: Passed unanimously.

28. Executive Secretary 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

Mr. Wuest presented the Executive Secretary Report to the Board's satisfaction.

Public Comment at September 31 2021, 5:00pm

There was no public comment.

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	Kristopher Mangosing
Brett Kandt	Joe Dodge	Dena McClish	Sophia Long
Courtney Lee	Darlene Nases	Leo Basch	Ken Scheuber
Monica Segedy	Peter Keegan		

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 September 1 2021, 9:00 AM

There was no public comment.

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

A. David Potter, MD (19-260-CS-N)

Lyn Beggs appeared as counsel representing David Potter.

Dr. Potter was not present for the hearing.

Brett Kandt prosecuted the case and made an opening statement that Dr. Potter had diverted dangerous drugs from a Pyxis automated medication dispensing system at the hospital where he was employed.

Mr. Kandt and Ms. Beggs stipulated to the entry into the record of the "Statement of Dr. David Potter" on pages 904-905 of the supporting materials. President Park admitted the statement into evidence.

Ms. Beggs represented that Dr. Potter is no longer practicing medicine in Nevada.

Mr. Kandt made reference to the proposed order on pages 906-910 and noted with regard to proposed finding of fact no. 5 that Dr. Potter failed to renew his certificate of registration no. CS28902. The Board cannot revoke an expired registration, which is forfeited pursuant to NRS 639.180(6).

In addition, the proposed order requires a fine of $1,000 and $500 to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter.

Mr. Kandt requested that the Board make Findings of Fact, Conclusions of Law, and impose discipline consistent with the proposed order.

Board Action:

Motion: Richard Tomasso moved to make Findings of Fact consistent with paragraphs 1-6 of the proposed order.

Second: Wayne Mitchell

Action: Passed unanimously.

Board Action:

Motion: Richard Tomasso moved to make Conclusions of Law consistent with those set forth in the proposed order.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Richard Tomasso moved to impose discipline as set forth in paragraphs 1-8 of the proposed order.

Second: Wayne Mitchell

Action: Passed unanimously.

N. Gail Popelka Krivan, MD (21-090-CS-N)

Wayne Mitchell recused himself from this matter as he worked with Dr. Krivan.

Lyn Beggs appeared as counsel representing Dr. Krivan.

Dr. Krivan appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on the charges of Dr. Krivan violating Federal and State law related to prescribing controlled substances to treat acute or chronic pain, her resulting

discipline by the Nevada State Board of Medical Examiners, and a proposed Stipulation and Order on pages 1079-1084.

Dr. Krivan's Certificate of Registration No. CS10632 is suspended; the suspension is stayed and respondent is placed on probation for a period of one year subject to the following: 1) public reprimand; 2) a fine of $2,500 for the violations; 3) $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 4) respondent establish and put into practice all necessary policies and procedures to ensure that any controlled substance prescription issued for the treatment of acute or chronic pain complies with the provisions of Federal and State law; and 5) respondent shall comply with all Federal and State laws regarding controlled substances and dangerous drugs, and have no additional charges filed while on probation.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the proposed Stipulation and Order for Dr. Gail Krivan.

Second: Rolf Zakariassen

Board discussion ensued.

Action: Passed unanimously (Mitchell recused).

I. Jocelyn Santiago, RPH (19-064-RPH-S)
J. Walgreens Pharmacy #4579 (19-064-PH-S)

Bill Stilling appeared as counsel representing Ms. Santiago and Walgreens.

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

Jocelyn Santiago appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on the charges of a misfiled prescription and a proposed Stipulation and Order on pages 992-997.

Ms. Santiago, Certificate of Registration No. 15240, stipulates to the following penalties: 1) a fine of $250; 2) $250 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 3) respondent completes two extra hours of continuing education on error prevention within 60 days.

Walgreens Pharmacy #4579, Certificate of Registration No. PH01283, stipulates to the following penalties: 1) a fine of $1,000 and 2) $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the proposed Stipulation and Order for Jocelyn Santiago and Walgreens Pharmacy #4579.

Second: Wayne Mitchell

Board discussion ensued regarding what processes or changes have occurred at Walgreens to ensure that misfills will not happen again.

Mr. Stilling answered the Board's questions to their satisfaction.

Action: Passed unanimously.

D. Walgreen's Pharmacy #5814 (18-117-PHN-S)
E. Shanela Blas-Catacutan, RPH (18-117-RPH-A-S)
F. Rexequiel Ner, RPH (18-117-RPH-B-S)

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

Bill Stilling appeared as counsel representing Shanela Blas-Catacutan, Rexequiel Ner, and Walgreens.

Shanela Blas-Catacutan and Rexequiel Ner appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on the case regarding a duplication error on a prescription.

Ms. Lee provided a proposed Stipulation and Order for the Board's consideration.

The Order stipulates to the following penalties for Walgreens #5814 Certificate of Registration No. PHN01519: 1) The respondent pay a fine of $500 2) The respondent shall pay a fine of $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The Order stipulates to the following penalties for Ms. Blas-Catacutan Certificate of Registration No. 17360: 1) The respondent pay a fine of $500 2) The respondent shall pay a fine of $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter 3) The respondent shall complete 2

additional hours of continuing education regarding record keeping within 90 days of the effective Order date.

The Order stipulates to the following penalties for Mr. Ner Certificate of Registration No. 18472: The respondent pay a fine of $500 2) The respondent shall pay a fine of $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter 3) The respondent shall complete 2 additional hours of continuing education regarding record keeping within 90 days of the effective Order date.

Mr. Stilling requested to see if general error prevention would suffice their continuing education requirement.

Board discussion ensued.

Sophia Long, Nevada Board of Pharmacy Counsel, commented that if the Board, Mr. Stilling, and his clients agree to changing the continuing education requirement in the Order, it will be allowed.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order as proposed by Ms. Lee with changes to the continuing education requirement to state record keeping or error prevention.

Second: Wayne Mitchell

Action: Passed unanimously.

G. Walgreen's Pharmacy #5814 (18-042-PHN-S)
H. Shanela Blas-Catacutan, RPH (18-042-RPH-S)

Ms. Lee presented Stipulated Facts for the Board's consideration.

Mr. Stilling had no objections to the Stipulated Facts.

Ms. Lee read the Stipulated Facts into the record that Ms. Blas-Catacutan erroneously performed the final data entry, data verification, and production verification for the prescription which was supposed to contain Methylphenidate 5mg. Ms. Blas-Catacutan failed to detect that Methadone 5mg was filled instead and marked it as accurate during her final product review. Thereafter, the patient ingested one tablet which resulted in a visit to the hospital where the child experienced symptoms of mood swings.

Ms. Lee recommended penalties for Walgreens Pharmacy #5814 and Ms. Blas-Catacutan for the Board's consideration.

Walgreens Pharmacy# 5814 would receive the following penalties for Certificate of Registration No. PHN01519: 1) The respondent will receive a public reprimand 2) The respondent will pay a fine of $3,000 3) The respondent will pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Ms. Blas-Catacutan would receive the following penalties for Certificate of Registration No. 17360: 1) The respondent will receive a public reprimand 2) The respondent will pay a fine of $2,000 3) The respondent will pay $598 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter 4) The respondent completes two extra hours of continuing education regarding error prevention or verification processes within 90 days of the effective Order date.

Mr. Stilling suggested that the Walgreens reprimand be removed from the penalties.

Board discussion ensued.

Ms. Lee requested the Board to make Conclusions of Law consistent with paragraphs 7-10 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 7-10 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Action: Passed unanimously.

Board discussion ensued regarding if Walgreens should be reprimanded.

Ms. Lee requested that the attorney's fees and costs be entered into the record on the basis that they were reasonable, necessary and actually incurred.

President Park entered the attorney's fees and costs into the record.

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and costs of a $1,598 on the basis that they were reasonable, necessary and actually incurred.

Second: Richard Tomasso

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve the penalties for Walgreens Pharmacy #5814 as recommended by Ms. Lee which includes 1) The respondent will receive a public reprimand 2) The respondent will pay a fine of $3,000 3) The respondent will pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Second: Rolf Zakariassen

Action: Passed unanimously.

Board Action:

Motion: Krystal Freitas moved to approve the penalties for Ms. Blas-Catacutan: 1) The respondent will receive a public reprimand 2) The respondent will pay a fine of $2,000 3) The respondent will pay $598 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter 4) The respondent completes two extra hours of continuing education regarding error prevention or verification processes within 90 days of the effective Order date.

Second: Rolf Zakariassen

The Board questioned Ms. Blas-Catacutan about how this occurred and the process for mislabels.

Ms. Blas-Catacutan answered questions to the best of her knowledge.

Board staff suggested that Holly Prievo provide insight as she knows more about the processes.

Holly Prievo, Healthcare Supervisor for Walgreens, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she has a professional relationship with Ms. Prievo but stated that she could participate in this matter fairly and without bias.

Ms. Prievo provided further clarification to Board regarding the prescription filling process for Walgreens and the process for misfills.

Action: Krystral Freitas and Rolf Zakariassen withdrew their motion.

Board discussion ensued regarding possible discipline for Ms. Blas-Catacutan.

Board Action:

Motion: Wayne Mitchell moved to approve the following penalties for Ms. Blas-Catacutan: 1) The respondent will receive a public reprimand 2) The respondent will pay a fine of $2,000 3) The respondent will pay $598 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter 4) The respondent completes ten additional hours of continuing education regarding error prevention, pediatrics, and dosing or verification processes within 90 days of the effective Order date.

Second: Gener Tejero

Action: Passed unanimously.

K. Ravi Krishnan, MD (17-090-CS-S)

Lyn Beggs appeared as counsel representing Dr. Ravi Krishnan.

Dr. Krishnan was not present for the hearing.

Mr. Kandt provided background on the charges of Dr. Krishnan permitting his practice manager to access, possess, furnish and/or administer dangerous drugs, and presented and a proposed Stipulation and Order on pages 1017-1022.

Dr. Krishan, Certificate of Registration No. CS10632, stipulates to the following penalties: 1) public reprimand; 2) a fine of $2,500; 3) $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 4) respondent establish polices and procedure within his practice; 5) respondent shall not dispense without obtaining a dispensing practitioner registration; and 6) respondent shall comply with all federal and state laws regarding controlled substances and dangerous drugs, and have no additional charges filed while on probation.

Ms. Beggs commented that Dr. Krishnan did not dispense any controlled substances to patients.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the proposed Stipulation and Order for Dr. Ravi Krishnan.

Second: Gener Tejero

Action: Passed unanimously.

L. Jill Oliver, MD (20-007-CS-S)

Jill Oliver and Dianne Racosas, Dispensing Technician, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Jill Oliver did not have counsel and is representing herself.

Ms. Lee clarified that Dr. Oliver answered the original Notice of Intended Action and Accusation and not the amended notice.

Ms. Lee would like confirmation if Dr. Oliver would like to apply her response to the First Amended Notice of Intended Action and Accusation. Dr. Oliver confirmed.

Ms. Lee provided background on the case regarding Dr. Oliver allowing a technician to dispense without a registration.

Dr. Oliver and Ms. Racosas explained that it was an oversight on their part. She knew that the application was sent in and was at fault for not following up on the status.

Ms. Lee requested that the Board move to make jurisdiction consistent with paragraph 1 and the Factual Allegations as stated in paragraphs 2-8 of the First Amended Notice of Intended Action and Accusation.

Board Action:

Motion: Wayne Mitchell moved to make jurisdiction consistent with paragraph 1 and the Factual Allegations as stated in paragraphs 2-8 of the First Amended Notice of Intended Action and Accusation as proposed by Ms. Lee.

Second: Gener Tejero

Board discussion ensued.

Action: Passed unanimously.

Ms. Lee requested the Board make Conclusions of Law consistent with paragraphs 9-15 of the First Amended Notice of Intended Action and Accusation.

Board Action:

Motion: Krystal Freitas move to make Conclusions of Law consistent with paragraphs 9-15 of the First Amended Notice of Intended Action and Accusation as proposed by Ms. Lee.

Second: Wayne Mitchell

Action: Passed unanimously.

Ms. Lee requested the Board to find the attorney's fees and costs of $1,331.50 were reasonable, necessary and actually incurred.

Board Action:

Motion: President Park moved to award the attorney's fees and costs of a $1,331.50 on the basis that they were reasonable, necessary and actually incurred.

Second: Wayne Mitchell

Action: Passed unanimously.

Ms. Lee recommended the proposed discipline for Dr. Oliver. The penalties would include the following: 1) The respondent will receive a public reprimand 2) The respondent pay a fine of $2,000 3) The respondent pay $1,331.50 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued on if the discipline is sufficient for Dr. Oliver.

Board Action:

Motion: Richard Tomasso moved to approve the following penalties for Dr. Oliver: 1) The respondent will receive a public reprimand 2) The respondent pay a fine of $5,000 3) The respondent pay $1,331.50 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Second: Wayne Mitchell

Action: Passed unanimously.

11. Applications for Technician Dispensing in Training Registration – Appearance (**FOR POSSIBLE ACTION**)

    Dianne Racosas

Ms. Lee provided background on appearance regarding Ms. Racosas dispensing without a registration.

Ms. Lee commented to the Board that Ms. Racosas paid her fines.

President Park questioned Ms. Racocas to ensure that unlicensed practice will not happen again.

Ms. Racocas answered questions to the Board's satisfaction. Also, she wanted to apologize for her error.

Board staff commented that Ms. Racosas sent in an updated application which reflects her disclosure.

Board Action:

Motion: Wayne Mitchell moved to approve Dianne Racosas Technician Dispensing in Training Registration.

Second: Jade Jacobo

Action: Passed unanimously.

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

B. American Buffalo Xpress (20-226-N)

Gerald Sargent, Managing member of American Buffalo Xpress, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt made an opening statement that American Buffalo Xpress engaged in the business of receiving, storing and delivering prescription drugs for Walmart, Inc., from Sacramento, CA, into Nevada and to the pharmacies located in Nevada. American Buffalo Xpress is not licensed to engage in business as an authorized warehouse in Nevada.

On May 10, 2021, a Cease and Desist/Citation and Fine was served upon American Buffalo Xpress; On June 4, 2021, American Buffalo Xpress appealed. Kandt noted that neither the Cease and Desist/Citation and Fine nor the appeal request were included in the Board materials; Kandt had those documents entered in the record.

Mr. Sargent made an opening statement that he does not believe that American Buffalo Xpress required a license for these activities and only stored the drugs in a storage facility for only a few hours.

Mr. Kandt called Monica Segedy, Nevada Board of Pharmacy Investigator, as a witness. Ms. Segedy was sworn in by President Park prior to answering questions and offering testimony.

Ms. Segedy testified as to the investigation and determination that American Buffalo Xpress engaged in the business of receiving, storing and delivering prescription drugs for Walmart, Inc., from Sacramento, CA, into Nevada and to the pharmacies located in Nevada. Segedy testified that beginning in August 2020, American Buffalo Xpress operated from Security Self Storage, 355 E. Greg Street, Sparks, Nevada, Unit #218; this facility lacked climate control or an alarm system.

Mr. Kandt requested that Mr. Sargent stipulate to entering a document entitled “Statement of Gerald D. Sargent” into the record. Mr. Sargent had no objection.

President Park admitted the statement into the record. Kandt questioned Ms. Segedy on the statement. Mr. Sargent had no questions for the witness and the witness was excused.

Mr. Kandt called David Wuest, Nevada Board of Pharmacy Executive Secretary, as a witness.

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

Mr. Wuest testified as to the investigation and determination that the drugs delivered by American Buffalo Xpress were not dispensed to the patients but were destroyed after Walmart was notified. Mr. Sargent had no questions for the witness and the witness was excused.

Mr. Sargent testified that American Buffalo Xpress required a license for these activities and only stored the drugs in the storage facility for only a few hours.

Board discussion ensued.

Mr. Kandt requested that the Board make Findings of Fact consistent with paragraphs 1-4 of the Statement of the Respondent and Notice of Hearing.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 1-4 of the Statement of the Respondent and Notice of Hearing.

Second: Krystal Freitas

Board discussion ensued.

Action: Passed unanimously.

Mr. Kandt requested that the Board make the Conclusions of Law consistent with paragraph 10 of the Statement of the Respondent and Notice of Hearing.

Sophia Long, Board Counsel, advised that this is an appeal hearing and, the only decision for the Board is whether to uphold the fine for unlicensed activity or dismiss the citation for American Buffalo Xpress.

Board Action:

Motion: Jade Jacobo moved to uphold the cite and fine for American Buffalo Xpress.

Second: Richard Tomasso

Action: Passed unanimously.

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

P. Robert Thomas Hall, RPH (20-023-RPH-N)

Robert Thomas Hall appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt made an opening statement on the charges that Mr. Hall falsified prescriptions for himself and his admissions in his Answer and Notice of Defense at pages 1105-1106.

Mr. Hall apologized to the Board for his actions. He commented that he was overworked and was not thinking properly and meant no harm to Sandra Deveny, APRN.

Mr. Kandt called Monica Segedy, Nevada Board of Pharmacy Investigator, as a witness. Ms. Segedy was sworn in by President Park prior to answering questions and offering testimony.

Ms. Segedy testified as to the investigation and determination that Mr. Hall misappropriated the credentials of APRN Deveny to falsify prescriptions for himself. Segedy provided foundation testimony for signed statement from Mr. Hall dated July 15, 2021.

Mr. Kandt requested that the statement be entered into the record. Mr. Hall had no objection.

President Park admitted the statement into the record.

Mr. Sargent had no questions for the witness and the witness was excused.

The Board questioned Mr. Hall on the charges and sought clarification on his prior discipline from the California Board of Pharmacy for falsifying a prescription for his wife.

Mr. Kandt requested that the Board make Findings of Fact consistent with paragraphs 1-5 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 1-5 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt requested that the Board make Conclusions of Law consistent with the four causes of action set forth in paragraphs 14-17 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with the four causes of action set forth in paragraphs 14-17 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt recommended the following penalties for Mr. Hall: 1) respondent's Certificate of Registration No. 07756 be revoked; 2) respondent may not work in any facility licensed by the Board until he petitions for reinstatement; 3) respondent may not petition for reinstatement for a period of one year and if he does petition must appear before the Board; and 4) a fine of $1,000, with the order effective immediately.

Board Action:

Motion: Jade Jacobo moved to revoke Robert Thomas Hall's Certificate of Registration No. 07756; respondent may not work in any facility licensed by the Board until he petitions for reinstatement; respondent may not petition for reinstatement for a period of one year and if he does petition must appear before the Board; and a fine of $1,000, with the order effective immediately.

Second: President Park

Gener Tejero recommended that revocation be stayed.

Board discussion ensued on discipline.

Aye: Park, Jacobo, Freitas, Tomasso, Zakariassen

Nay: Tejero, Mitchell

Action: Motion carries.

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

C. Sandra Bledsoe, D/B/A VIP Faces (21-042-S)

This matter was continued to a future Board Meeting.

D. Sandra Bledsoe, D/B/A Revenge MD (21-042-B-S/21-042-C-S)

This matter was continued to a future Board Meeting.

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

Z. Bashir Rashid, MD (18-060-CS-A-S)
AA. Minesh Amin, DO (18-060-CS-B-S)

Bridget Kelly appeared as counsel on behalf of Bashir Rashid.

Bashir Rashid was not present for the hearing.

Minesh Amin appeared representing himself and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on the charges of permitting registered nurses (RNs) to access, possess, furnish and/or administer dangerous drugs without supervision to patients with whom respondents did not establish a bona fide therapeutic relationship.

Kandt presented a proposed Stipulation and Order on pages 1197-1202.

Dr. Rashid, Certificate of Registration No. CS14470, stipulates to the following penalties: 1) public reprimand; 2) a fine of $2,500; 3) $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 4) respondent establish polices and procedure within his practice; and 5) respondent shall comply with all federal and state laws regarding controlled substances and dangerous drugs.

Board Action:

Motion: Krystal Freitas moved to approve the proposed Stipulation and Order for Dr. Bashir Rashid.

Second: Jade Jacobo

Board discussion ensued.

Aye: Park, Jacobo, Freitas, Tejero, Zakariassen

Nay: Mitchell, Tomasso

Action: Motion carries.

Kandt presented a proposed Stipulation and Order on pages 1212-1217.

Dr. Amin, Certificate of Registration No. CS19177, stipulates to the following penalties: 1) public reprimand; 2) a fine of $1,000; 3) $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 4)

respondent establish polices and procedure within his practice; and 5) respondent shall comply with all federal and state laws regarding controlled substances and dangerous drugs.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order for Dr. Minesh Amin.

Second: Krystal Freitas

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

Nay: Tomasso

Action: Motion carries.

7. Petition to Modify Order of Reinstatement (17-006-CS-S)

Craig Weingrow, MD

Jeffrey Setness appeared as counsel on behalf of Dr. Craig Weingrow.

Dr. Craig Weingrow appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt referred to the petition beginning at page 1396 and explained Dr. Weingrow, Certificate of Registration No. CS20272, was petitioning for modification of his Order of Reinstatement entered July 31 ,2020, to prescribe, order, possess, and administer testosterone pellets.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to modify the Order of Reinstatement to include the authority to prescribe, order, possess, and administer testosterone.

Second: Rolf Zakariassen

Action: Passed unanimously.

28. Executive Secretary Report:

A. Financial Report

Mr. Wuest provided the Financial Report to the Board’s satisfaction.

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

C. Aircare SMRT, LLC (20-062-S)

No representative was present on behalf of Aircare SMRT, LLC.

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

B. Kord T Strebel, MD (19-053-CS-S)
C. Thomas E. Strebel, RPH (19-053-RPH-S)
M. Sassan Kaveh, MD (21-051-CS-N)
N. Alyssa Cocjin (20-109-TD-N)
O. Sowjanya Reganti, MD (20-109-CS-A-N)
P. Vodur Suresh Reddy, MD (20-109-CS-B-N)
Q. Emily Guerard, MD (20-109-CS-C-N)
R. Santhosh Ambika, MD (20-109-CS-D-N)
S. Tejvir Singh, MD (20-109-CS-E-N)
T. Aaron Bowman, MD (20-109-CS-F-N)
U. Juan Cattoni, MD (20-109-CS-G-N)
V. Ghayda Alrass, RPH (21-065-RPH-N)

These matters were continued to a future Board Meeting.

Public Comment on September 1 2021, 5:00pm

There was no public comment.

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	Kristopher Mangosing
Brett Kandt	Joe Dodge	Dena McClish	Ken Scheuber
Courtney Lee	Darlene Nases	Leo Basch	

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 September 2 2021, 9:00 AM

There was no public comment.

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

A. **Amendment of Nevada Administrative Code (NAC 639).** The proposed amendments will add a new section to implement the provisions of Assembly Bill 177 requiring the Board to adopt regulations that establish requirements for certain pharmacies to provide certain information regarding a prescription in English and another language upon the request of a prescribing practitioner, a patient or an authorized representative of a patient.

This matter was continued to a future Board Meeting.

B. **Amendment of Nevada Administrative Code (NAC) 639.240, and 639.242 639.256.** The proposed amendment to NAC 639.240, and 639.242 will amend the requirements necessary for an applicant to obtain a registration as a pharmaceutical technician and pharmaceutical technician in training.

Ms. Long provided the proposed changes to the Board.

Board discussion ensued.

President Park opened public comment on this workshop.

Liz McMenamin, Retail Association of Nevada, is in favor of the proposed language.

Board Action:

Motion: Jade Jacobo moved to approve proposed language for Nevada Administrative Code (NAC) 639.240, and 639.242 639.256 as proposed by Ms. Long and move forward to Public Hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

C. **Amendment of Nevada Administrative Code (NAC) 639.208**. The proposed amendment to NAC 639.208 will amend the requirements necessary for an applicant to obtain a registration as a pharmacist by reciprocity.

Ms. Long provided the proposed changes to the Board.

Board discussion ensued.

President Park opened public comment on this workshop.

Liz McMenamin, Retail Association of Nevada, is in favor of the proposed language.

Board Action:

Motion: Jade Jacobo moved to approve proposed language for Nevada Administrative Code (NAC) 639.208 proposed by Ms. Long and move forward to Public Hearing.

Second: Krystal Freitas

Action: Passed unanimously.

D. **Amendment of Nevada Administrative Code (NAC 639.)** The proposed amendments will create a new section to implement the provisions of Senate Bill 325 requiring the Board to adopt regulations that establish requirements to allow a pharmacist to dispense drugs approved by the United States Food and Drug Administration for preventing the acquisition of human immunodeficiency virus.

Mr. Wuest provided proposed language to the Board.

President Park opened public comment for this workshop.

Christina Madison, Associate Professor of Roseman University, commented that she appreciates the Board working on this with her. She is in favor of the proposed language which can help this epidemic.

Liz McMenamin, Retail Association of Nevada, is in favor of the proposed language.

Ken Kunke, Nevada Pharmacy Alliance, appreciates the Board working with them on this language. He is in favor of the proposed language.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve proposed language for Amendment of Nevada Administrative Code (NAC 639.) proposed by Mr. Wuest and moved forward to Public Hearing.

Second: Krystal Freitas

Action: Passed unanimously.

19. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

B. Avanos Medical Sales, LLC – Tucson, AZ – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure

Nancy Cline, Facility Manager, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on the application and their disclosures regarding not notifying other Boards of Pharmacy of changes in a timely manner and improper record keeping.

The Board questioned Ms. Cline on the products they will be shipping into Nevada, what steps were implemented to ensure that changes are notified in a timely manner, when these processes started, and why they operated without the proper licensure.

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

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Out-of-State Wholesaler License for Avanos Medical Sales, LLC.

Second: Rolf Zakariassen

Action: Passed unanimously.

C. Avid Medical, Inc. – Tocino, VA – Background Check Not Required – Manufacturer (NAC 639.593(7)(d)) – Disclosure

Sarah Golas, Licensing Manager, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Ms. Goles to speak on behalf of the company.

Mr. Wuest provided background on the application and their disclosures from their parent company regarding unlicensed practice and not properly notifying Colorado of a designated representative change.

The Board questioned Ms. Golas on what products are being shipped into Nevada and what occurred with their South Carolina administrative action.

Sharon Moll, Designated Representative, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Golas and Ms. Moll answered questions to the Board's satisfaction.

Board Action:

Motion: Krystal Freitas moved to approve Out-of-State Wholesaler License for Avid Medical, Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

D. Bioventus, LLC – Cordova, TN – Background Check Not Required - Manufacturer (NAC 639.593(7)(d)) – Disclosure

Michael Kiser, Facility Manager, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on application and disclosures regarding unlicensed practice and not properly notifying Maine and Utah of disciplinary action.

The Board questioned Mr. Kiser on the events that occurred with the disclosures.

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

Board Action:

Motion: Krystal Freitas moved to approve ownership change for Out-of-State Wholesaler License for Bioventus, LLC.

Second: Rolf Zakariassen

Action: Passed unanimously.

E. Endo Aesthetics LLC – Malvern, PA – Background Check Not Required – Manufacturer (NAC 639.593(7)(d)) – No Disclosure

Kristin Kennedy (Executive Director and Counsel), Mary-Lou Schoonover (State Licensing Manager), Brian Buesch (Vice of President of Technical Operations for Five Star Products), Christopher Thomas (Manager of Warehouse Operations), and Tara Margarella (Senior Medical Director) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on the application and disclosures from the FDA Form 483 that they received for another location.

The Board questioned Endo Aesthetics on the findings of the FDA Form 483 and if Chris Thomas is a designated representative for another location.

Mr. Thomas and Ms. Schoonover answered questions to the Board's satisfaction.

Board discussion ensued regarding changing the Designated Representative as Chris Thomas can only be the representative for one location based on Nevada Law.

Ms. Schoonover commented that they can make a change to the Designated Representative.

Board Action:

Motion: Jade Jacobo moved to approve Out-of-State Wholesaler License for Endo Aesthetics LLC.

Second: Krystal Freitas

Action: Passed unanimously.

A. AuroLogistics LLC – East Windsor, NJ – Background Check Not Required – VAWD-Accredited (VAWD-Accredited (NAC 639.593(7)(c)) – Disclosure

Jennifer Schneider, Licensing Specialist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Ms. Schneider to speak on behalf of the company.

Mr. Wuest provided background on the application and their disclosures regarding unlicensed activity and their designated representative had a previous arrest.

Ms. Schneider provided clarification of the disclosures to the Board.

Board Action:

Motion: Wayne Mitchell moved to approve Out-of-State Wholesaler License for AuroLogistics LLC pending a Letter of Authorization.

Second: Gener Tejero

Action: Passed unanimously.

F. Immunomedics, Inc. – Morris Plains, NJ – Background Check Not Required – Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d)) – Disclosure

David Hsu, Senior Director of Trade Strategy and Operations from Gilead Sciences, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Mr. Hsu to speak on behalf of the company.

Mr. Wuest provided background on the application and disclosures regarding unlicensed activity in Colorado and not properly notifying Montana of a change in the person in charge.

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

Board Action:

Motion: Gener Tejero moved to approve ownership change for Out-of-State Wholesaler License for Immunomedics, Inc pending Letter of Authorization.

Second: Wayne Mitchell

Action: Passed unanimously.

G. Laurus Generics Inc. – Berkeley Heights, NJ – Background Check Not Required – Manufacturer (NAC 639.593(7)(d)) – Disclosure

Thomas Verosky, President, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on application and disclosure regarding not properly providing an annual list to Nevada Health Department for essential asthma and diabetic drugs.

Mr. Verosky provided background on the disclosure to the Board.

Board Action:

Motion: Gener Tejero moved to approve Out-of-State Wholesaler License for Laurus Generics Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

21. Request for waiver from managing pharmacist pursuant to NRS 639.220 (3)

Audrey Blackwood

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

Ms. Lee provided background on appearance regarding Ms. Blackwood requesting a waiver to become a Managing Pharmacist for two locations, and her disclosures regarding administrative action for allowing a Pharmaceutical Technician to have access to the pharmacy without managing pharmacist present.

The Board questioned Ms. Blackwood on the events that occurred with her disclosure.

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

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve request for waiver from managing pharmacist pursuant to NRS 639.220 (3).

Second: Gener Tejero

Action: Passed unanimously.

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

Matt Weinberg

Matt Weinberg appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on appearance and disclosure regarding diversion.

The Board questioned Mr. Weinberg on the events that occurred with his disclosure and why he wants to move to Nevada.

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

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve application for Pharmacist Registration by Reciprocation for Matt Weinberg.

Second: Gener Tejero

Action: Passed unanimously.

19. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

N. VGYAAN Pharmaceuticals LLC – Skillman, NJ – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – No Disclosure

Nailesh Bhatt, Chief Executive Officer, and Nimisha Bhatt, Chief Operating Officer, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on the application and disclosure regarding a lawsuit for infringement.

The Board questioned Mr. and Mrs. Bhatt on the events that occurred with their disclosure.

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

Board Action:

Motion: Richard Tomasso moved to approve Out-of-State Wholesaler License for VGYAAN Pharmaceuticals LLC.

Second: Krystal Freitas

Action: Passed unanimously.

H. LifeScience Logistics, LLC – Whitestown, IN – Background Check Not Required – Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d) – Disclosure

Paul Hayward, Vice President of Quality and Compliance, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for Mr. Hayward to speak on behalf of the company.

Mr. Wuest provided background on application and disclosure regarding not properly notifying California and Alabama of a designated representative change.

Mr. Wuest questioned Mr. Hayward about the products being shipped into Nevada and their disclosure.

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

Board Action:

Motion: Krystal Freitas moved to approve Out-of-State Wholesaler License for LifeScience Logistics, LLC pending Letter of Authorization.

Second: Rolf Zakariassen

Action: Passed unanimously.

23. Request for Pharmacist Applicant to Retake the Nevada MPJE Exam – Appearance: **(FOR POSSIBLE ACTION)**

    Ahsun Cho

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

Ms. Long provided background on appearance and Ms. Cho's request to take the Nevada MPJE Exam for the sixth attempt.

The Board questioned Ms. Cho on the events that occurred with her previous test attempts, why she wants to move to Nevada, and her work history.

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

Board Action:

Motion: Jade Jacobo moved to approve request for Pharmacist Applicant Ahsun Cho to Retake the Nevada MPJE Exam.

Second: Gener Tejero

Action: Passed unanimously.

Richard Tomasso was excused from this meeting at 1:30pm.

19. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

L. Penn Veterinary Supply, Inc. – Lancaster, PA – Background Check Not Required – VAWD-Accredited (NAC 639.593(7)(c)) – Disclosure

Diane Evanosky, Compliance Officer, and Tim Cable, Operations Manager, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on the application and disclosure regarding shipping product to a practitioner who did not have an active license and for unlicensed practice.

The Board questioned what processes were put into place to ensure that a license is active.

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

Board Action:

Motion: Rolf Zakariassen moved to approve Out-of-State Wholesaler License for Penn Veterinary Supply, Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

O. ZO Skin Health, Inc. – Omaha, NE – Background Check Not Required – VAWD-Accredited - VAWD-Accredited (NAC 639.593(7)(c)) – Disclosure

Drew Bordages appeared as counsel on behalf of ZO Skin Health, Inc.

Bob Harris, General Manager, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on application for a Change in Ownership.

The Board questioned Mr. Harris about the change of ownership, the company's disclosures, and if they have processes in place to check that practitioners' licenses are active before shipping products out.

Mr. Harris and Mr. Bordages answered questions to the Board's satisfaction.

Mr. Wuest commented that practitioners' need a dispensing license in Nevada, so he recommended that the company have a process to check that they have that licensure before mailing out to them.

Board Action:

Motion: Krystal Freitas moved to approve ownership change for Out-of-State Wholesaler License for ZO Skin Health, Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

20. Application for Out-of-State Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

A. The Ritedose Corporation – Columbia, SC

Julia Bales, Supervising Registered Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on application.

The Board questioned Ms. Bales on FDA inspection results, results of outsourcing facility inspection, and products being shipped into Nevada.

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

Board Action:

Motion: Gener Tejero moved to approve Out-of-State Outsourcing Facility License for The Ritedose Corporation to include a copy of their upcoming FDA inspection results sent to Board staff.

Second: Rolf Zakariassen

Action: Passed unanimously.

B. SCA Pharmaceuticals, LLC – Little Rock, AR
C. SCA Pharmaceuticals, LLC – Windsor, CT

Alyssa Johnson (Supervising Pharmacist for Windsor, CT), Matthew White (Supervisor for Little Rock, AR), and Racheal Adams (Supervising Pharmacist for Little Rock, AR) appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization for everyone to speak on behalf of the company.

Mr. Dodge questioned SCA Pharmaceuticals about their FDA inspection and their change of ownership.

Mr. White and Ms. Johnson answered questions to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved to approve ownership change for Out-of-State Outsourcing Facility License for SCA Pharmaceuticals, LCC for the Little Rock, AR and Windsor, CT locations.

Second: Rolf Zakariassen

Action: Passed unanimously.

19. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

K. Medline Industries, Inc. – Southaven, MS – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure

No representative present on behalf of Medline Industries, Inc.

J. Medline Industries, Inc. – Greyslake, IL – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure

No representative present on behalf of Medline Industries, Inc.

M. Tris Pharma, Inc. – Cranbury, NJ – Background Check Not Required - Manufacturer (NAC 639.593(7)(d)) – Disclosure

No representative present on behalf of Tris Pharma, Inc.

I. MD Pharmaceutical Supply, LLC – Hanover, PA – Background Check completed in compliance with NRS 639.500 – Disqualifying Event – Disclosure

Stephen and Richard Romeo, Owners, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on application and their disclosure regarding Mr. Richard Romeo's previous arrest regarding a fight and DUI.

The Board questioned Mr. Richard Romeo about the disclosures and the events that occurred with it.

Mr. Richard Romeo answered questions to the Board's satisfaction.

Board Action:

Motion: Rolf Zakariassen moved to approve Out-of-State Wholesaler License for MD Pharmaceutical Supply, LLC.

Second: Wayne Mitchell

Board discussion ensued.

The Board questioned Mr. Richard Romeo and Mr. Stephen Romeo about the products being shipped into Nevada and their business model.

Mr. Richard Romeo and Mr. Stephen Romeo answered questions to the Board's satisfaction.

Action: Passed unanimously.

31. Public Comment at September 2 2021, 5:00pm

There was no public comment.

30. Date and Location of Next Scheduled Board Meeting:

October 13-14, 2021 – Las Vegas, NV

32. Adjournment

4

4A

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: ABF/BOMCARE HEALTHSERVICES, L.L.C.

Physical Address: 12984 Maurer Ind. Dr. Ste. A, Sunset Hills, MO 63127
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 12984 Maurer Ind. Dr. Ste A

City: Sunset Hills State: MO Zip Code: 63127

Telephone: 314.842.6750 Fax: 314.842.6760

E-mail: HWarren@ABFHS.com Website: www.ABFBomcare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 4:30 Tue: 8:00 to 4:30 Wed: 8:00 to 4:30 Thu: 8:00 to 4:30 Fri: 8:00 to 4:30 Sat: on call to Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Heather Warren - operations manager

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: See attached

**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: Heather Warren Telephone: 800.369.3680

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	678052001	
Medicaid	623718400	

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.

Heather S Warren

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

Heather Warren

Print Name of Authorized Person

5-18-21

Date

Board Use Only	Received:_____	Amount: 500 Check # 29278

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP General X Limited ____

Partnership Name: ABF/BamCare Health Services

Mailing Address: 12984 Maurer Ind. Dr., Suite A.

City: Sunset Hills State: MO Zip: 63127

Telephone: 314.842.6750 Fax: 314.842.6750

Contact Person: Heather Warren - Operations Manager

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
James Perry	G	31.25%
Anthony Pagano	G	31.25%

List names of 4 largest partners and percentage of ownership:

Name: James Perry %: 31.25 %
Name: Anthony Pagano %: 31.25 %
Name: Greggary Fixley %: 25.0 %
Name: Pain Rehab Products %: 12.5 %

LIST OF DME PRODUCTS for ABF/ROMCare Health Services

12984 Maurer Ind. Dr. Suite A

Sunset Hills, MO 63127

P-314/842-6750 F-314/842-6761

1- CPM- Knee & Shoulder (Continuous Passive Motion Machine)
2- Intermittent Limb Compression Device (DVT Prevention) Products include Vascutherm, Active Care Pump
3- ROMCare Bike- (Portable Connect; Adaptive Rehab Device w/ Remote Data Capture and Monitoring Device)
4- Breast Pump
5- Back Bracing (LSO, TLSO, Scoliosis Bracing)
6- Post Operative Knee Braces
7- Bone Stimulators; Spinal Stimulators
8- Bracing for Shoulder, Elbow, Hand, Wrist, Knee, Foot Ankle

Owner List ABF/ROMCare Health Services

12984 Maurer Ind. Dr. Ste A

St. Louis, MO 63127

P-314/842-6750 F-314/842-6761

James Perry 31.25% Managing Partner

[redacted] Crane Circle

St. Louis, MO 63109

[redacted]

[redacted]

Anthony Pagano 31.25% Partner

[redacted] Berkley Place

St. Charles. MO 63301

[redacted]

[redacted]

Greggory Fixley 25% Partner

[redacted] Hammock Ct.

Defiance, MO 63341

[redacted]

[redacted]

Pain Rehab Products 12.5% Partner

[redacted] Weldon Parkway

St. Louis, MO 63146

[redacted]

[redacted]

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/18/2020

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	CONTACT NAME: Mike Thompson
Stafford & Stafford Insurance Inc 801 South Commercial Street Harrisonville MO 64701	PHONE (A/C, No, Ext): (816) 884-4800 FAX (A/C, No): (816) 884-4833 E-MAIL ADDRESS: mike@staffordagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Columbia Mutual Insurance Company	40371
INSURER B: Columbia National Insurance Company	19640
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
ABF/RomCare Health Services, LLC
12984 Maurer Industrial Dr
Saint Louis MO 63127-1554

COVERAGES **CERTIFICATE NUMBER:** 20-21 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			CMPM00000026173	12/16/2020	12/16/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 300,000 10,000 1,000,000 2,000,000 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			CUPM00000031138	12/16/2020	12/16/2021	EACH OCCURRENCE AGGREGATE	$ $	1,000,000 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N 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	$ $ $	

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

CERTIFICATE HOLDER

ABF/ROMCare Health Services LLC
12984 Maurer Industrial Dr
Saint Louis, MO 63127

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

D Stafford/MITHOM

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

ABF/Romcare Health Services, LLC
d/b/a Pain Rehab Products, Inc.
SUNSET HILLS, MISSOURI

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

Fitter Services, Home/Durable Medical Equipment Services

FROM *June 26, 2018* THROUGH *June 25, 2021*

CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

ACHC ACCREDITED · ACHC ACCREDITED · ACHC ACCREDITED · ACHC

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

ABF/ROMCARE HEALTH SERVICES, L.L.C.
LC0723936

was created under the laws of this State on the 14th day of March, 2006, and is active, having fully complied with all requirements of this office.

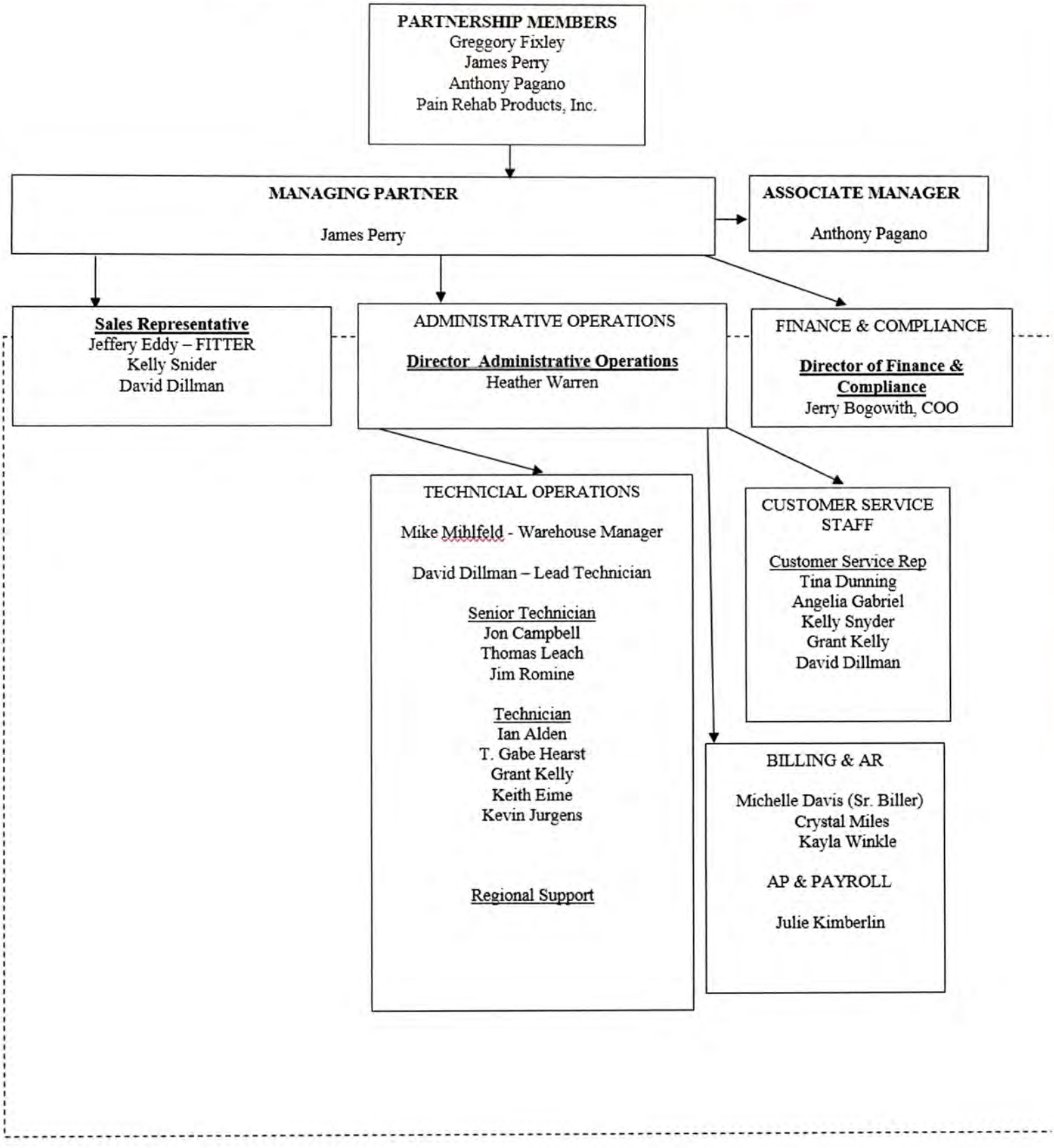
IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 7th day of April, 2020.

Secretary of State

Certification Number: CERT-04072020-0066

ABF/ROM Care Health Services, LLC

COMPANY ORGANIZATIONAL SUPPORT DIAGRAM



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

ABF/ROMCARE HEALTH SERVICES, L.L.C.

LC0723936

A Missouri entity was created under the laws of this State on 3/14/2006, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 6th day of August, 2021.

Secretary of State

Certification Number: CERT-IN99205

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 08/06/2021

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 Out of State MDEG

ABF/ROM Care Health Services, LLC Nature of MDEG
12984 Maurer Industrial Drive Ste A Sunset Hills, MO 63127
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:

Warren	Heather	Sara
Last Name	First Name	Middle Name

Heather Sara Kochner
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Linhorst Road	Hillsboro	Missouri/63050
Present Residence Address-Street or RFD	City	State/Zip

12984 Maurer Industrial Drive Ste A	Dates 2006	Sunset Hills	Missouri/63127
Present Business Address		City	State/Zip

Director of Operations — Dates 3/4/1996 to Current
Present Position with the MDEG

Phone: 314-842-6750 Fax: 314-842-6761

Email address: hwarren@abfhs.com

[redacted]	St. Louis, St. Louis, Missouri
Date of Birth	Place of Birth (City, County, State)

47	[redacted]	Female
Age	Social Security Number or ITIN	Sex

Brown	Brown	125	5'2"
Color of Eyes	Color of Hair	Weight	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.)

March 11 2020

[redacted]

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
03/1996	ABF/ROM Care Health Services, LLC 12984 Maurer Industrial Drive Ste A Sunset Hills, MO 63127	27,600 Hours
Title	Description of Duties	Name of Supervisor
Director of Operations	Responsible for all Customer Service related duties, including field service operations. Coordinates all Customer Service Operations resulting in obtaining goal of exceeding customer expectations.	James Perry
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~~

4, 5 or 6 please provide a written letter of explanation.

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 8/9/21

I, Heather Sara Warren, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Original Signature of Applicant

4B

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M P01258	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Access Closure, Inc.

MDEG Physical Address: 5452 Betsy Ross Drive

City: Santa Clara State: CA Zip: 95054

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (408) 610-6500 Website: https://www.cordis.com/en_us.html

Email: Jose.solis02@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Jose Gerardo Solis

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others: Legend Devices

** 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:	8am-5pm (Administrative); 6am-11:15pm (Operations)
Tues	8am-5pm (Administrative); 6am-11:15pm (Operations)
Wed:	8am-5pm (Administrative); 6am-11:15pm (Operations)
Thurs:	8am-5pm (Administrative); 6am-11:15pm (Operations)
Fri:	8am-5pm (Administrative); 6am-11:15pm (Operations)
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))
None

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 practicing 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: DE

Parent Company (if any): Bayou Purchaser, Inc.

Corporation/Organization Name: Access Closure, Inc.

Mailing Address: 5452 Betsy Ross Drive

City: Santa Clara State: CA Zip: 95054

Telephone: (408) 610-6500 Email: Jose.solis02@cardinalhealth.com

Contact Person Name: Jose Gerardo Solis

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	Partner-ship	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.

Richard Champion Davis, III

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

30-JULY-2021

Date

Board Use Only	Date Received: _____	Amount: $500 check# 635509 processed 9/29/21

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Access Closure, Inc. MDEG License # (if applicable): MP01258

Physical Address: 5452 Betsy Ross Drive

City: Santa Clara State: CA Zip: 95054

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (408) 610-6500 Website: https://www.cordis.com/en_us.html

Licensing Company Email: Jose.solis02@cardinalhealth.com

Section 2: Personal Information

First: Jose Middle: Gerardo Last: Solis

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Casa Verde St Apt [redacted]

City: San Jose State: CA Zip: 95134

Telephone: [redacted] Email: Jose.solis02@cardinalhealth.com

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.)		x
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.)		x
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.)		x

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.)		x
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?		x

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Tec de Monterrey (ITESM)			09/17 - 04/21	
Address	**City**		**State**	**Zip**
Tomas Fernandez 8945. Parques Industriales	Juarez		Chih. MEX	32470
Diploma/Degree obtained, if any				
Master's Degree (MBA)				

School Name			From - To (MM/YY – MM/YY)	
Tec de Monterrey (ITESM)			01/06 - 05/12	
Address	**City**		**State**	**Zip**
Tomas Fernandez 8945. Parques Industriales	Juarez		Chih. MEX	32470
Diploma/Degree obtained, if any				
Bachelor's Degree (Industrial and Systems Engineering)				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/19 - Date	[redacted]Casa Verde St. Apt[redacted]	San Jose	CA (US)	95134
01/16 - 06/19	Via Vivo 8513-20. Residencial Altari	Juarez	Chih. (MEX)	32668
05/15 - 01/16	Mendosino Nte 11717. Reserva del Valle	Juarez	Chih. (MEX)	32546
05/11 - 05/15	Paseo de Borja Sur 10105. Jardines de Aragon	Juarez	Chih. (MEX)	32472
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)
Access Closure, Inc			06/19 - Date
Business Address	**City**	**State**	**Zip**
5452 Betsy Ross Dr	Santa Clara	CA	95054
Phone	**Title**		**Number of Employed Hours**
(408) 610-6500	Manager, Quality Management		4,000

Description of Duties

Responsible for QA Dept. (QA Engineers, technicians, and specialists). Ensure G&O are completed as planed and development plans are in place for direct reports and QA dept. employees. Ensure Quality systems are in control and complying with company goals. Host external/corporate/internal audits as needed. Perform procedure upgrades as required as part of the continues improvement culture. Develop, monitor, and control site metrics. Responsible for site Quality Management System (QMS). Responsible for ensuring compliance with Quality Procedures, Laws and Regulations of the applicable markets. Promotes awareness of regulatory requirements throughout the organization. Responsible of Incoming Inspection, Final Release inspection, CER Environmental Monitoring execution, address properly sterilization issues, and site supplier process.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

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)

07/29/2021.
Date

I, Jose Gerardo Solis, **certify that as the MDEG Administrator for**

Access Closure, Inc.,

that I (initial that you have read and meet the following requirements):

1. [x] Have a high school diploma or its equivalent;
2. [x] 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. [x] 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. [x] 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.

Solis, Jose

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/29/2021.

Date

Board Use Only	Date Received:

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

AccessClosure, Inc.
DBA: Cardinal Health 245
5452 Betsy Ross Drive
Santa Clara, CA 95054

LICENSE NUMBER: 71633
EXPIRATION DATE: 5/28/2022

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 4/29/2020

OBP 07 102308

Service Request# 20212707300

State of Delaware

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

8535650
JOSE GERARDO SOLIS GARCIA
5452 BETSY ROSS DR
SANTA CLARA, CA 95054

07-14-2021

DESCRIPTION	AMOUNT
3544446 - ACCESS CLOSURE, INC.	
Entity Status - Long Form	
Certification Fee	$175.00
Expedite Fee, 24 Hour	$60.00
TOTAL CHARGES	$235.00
TOTAL PAYMENTS	$235.00
BALANCE	$0.00

Delaware

The First State

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

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE EIGHTH DAY OF JULY, A.D. 2002, AT 9 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2002, AT 5 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTH DAY OF AUGUST, A.D. 2003, AT 4:19 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2004, AT 7:41 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SEVENTH DAY OF SEPTEMBER, A.D. 2005, AT 5:25 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2006, AT 6:03 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3544446 8310

SR# 20212707300

Authentication: 203678538

Date: 07-14-21

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

Delaware

The First State

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF FEBRUARY, A.D. 2007, AT 1:16 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTIETH DAY OF DECEMBER, A.D. 2007, AT 7 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTEENTH DAY OF OCTOBER, A.D. 2008, AT 2:04 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWELFTH DAY OF NOVEMBER, A.D. 2009, AT 1:47 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2010, AT 7:38 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF FEBRUARY, A.D. 2012, AT 10:28 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2012, AT 5:22 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF OCTOBER, A.D. 2012, AT 5:54 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE EIGHTH DAY OF NOVEMBER, A.D. 2012, AT 12:31 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3544446 8310

SR# 20212707300

Authentication: 203678538

Date: 07-14-21

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

Delaware

The First State

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF FEBRUARY, A.D. 2013, AT 2:47 O`CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE NINTH DAY OF MAY, A.D. 2014, AT 1:13 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE NINTH DAY OF MAY, A.D. 2014 AT 11:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "ACCESS CLOSURE, INC.".

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCESS CLOSURE, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 2002.

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

3544446 8310

SR# 20212707300

Authentication: 203678538

Date: 07-14-21

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

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/04/2021

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	CONTACT NAME:	
Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Bayou Purchaser, Inc. 14201 Northwest 60th Avenue Miami Lakes FL 33014 USA	INSURER A:	Underwriters at Lloyds	32727
	INSURER B:	Illinois Union Insurance Company	27960
	INSURER C:	Columbia Casualty Company	31127
	INSURER D:	Everest National Insurance Co	10120
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570088696024 **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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	
	☐ OTHER:							
	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 Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
A	Products Liab			LSRPCO0037521 Claims-Made SIR applies per policy terms & conditions	08/02/2021	08/02/2022	Each Claim Aggregate	$10,000,000 $10,000,000

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

CERTIFICATE HOLDER

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

Certificate No : 570088696024

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AGENCY CUSTOMER ID: 570000088087
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Bayou Purchaser, Inc.
POLICY NUMBER: See Certificate Number: 570088696024	
CARRIER: See Certificate Number: 570088696024 / 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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
B				G72535170001 Product Liab 10M XS 10M	08/02/2021	08/02/2022		
C				ADE7015262696 Product Liab 10M XS 20M	08/02/2021	08/02/2022		
D				LS8EX00011211 Product Liab 10M XS 30M	08/02/2021	08/02/2022		

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- ACI Board of Directors: Shahriar Matin, Richard Champion Davis III, Dodd Gray
- ACI Officers: Miguel Avila, Eduardo Pedroza, Jyothi Cherry

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 08/04/2021

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	CONTACT NAME:	
Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Access Closure (ACI) 14201 Northwest 60th Avenue Miami Lakes FL 33014 USA	INSURER A:	Underwriters at Lloyds	32727
	INSURER B:	Illinois Union Insurance Company	27960
	INSURER C:	Columbia Casualty Company	31127
	INSURER D:	Everest National Insurance Co	10120
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570088698243 **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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	
	☐ OTHER:							
	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 Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
A	Products Liab			LSRPCO0037521 Claims-Made SIR applies per policy terms & conditions	08/02/2021	08/02/2022	Each Claim Aggregate	$10,000,000 $10,000,000

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

CERTIFICATE HOLDER

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

Certificate No : 570088698243

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AGENCY CUSTOMER ID: 570000088087
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Bayou Purchaser, Inc.
POLICY NUMBER: See Certificate Number: 570088698243	
CARRIER: See Certificate Number: 570088698243 / 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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
B				G72535170001 Product Liab 10M XS 10M	08/02/2021	08/02/2022		
C				ADE7015262696 Product Liab 10M XS 20M	08/02/2021	08/02/2022		
D				LS8EX00011211 Product Liab 10M XS 30M	08/02/2021	08/02/2022		

ACORD 101 (2008/01)

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Bayou Purchaser, Inc.

August 2, 2021

VIA CERTIFIED MAIL
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Nevada State Board of Pharmacy MDEG Application; Notification of Change of Ownership of AccessClosure, Inc. (License No.: MP01258)

Dear Sir or Madam:

On behalf of Access Closure, Inc. ("ACI"), we are submitting this letter to notify you of a change in ownership interest in ACI (License No.: MP01258) that occurred in connection with a corporate transaction that closed on August 2, 2021. Upon the closing of this transaction, 100% of the stock of ACI transferred to Bayou Purchaser, Inc., including the facility and assets related to the above Medical Products Provider – Medical Devices, Equipment and Gases (MDEG) License.

The transaction described above did not result in any change to the location, services, personnel, or the day-to-day operations and quality management of the ACI facility. Further, the proposed transaction did not result in any change to the facility's federal tax identification number. For avoidance of doubt, please note that the name on the existing license is "AccessClosure, Inc", and the name on the new license, once approved, should be "Access Closure, Inc." (consistent with the company's legal corporate name).

As a result of the transaction and in compliance with the Nevada Board of Pharmacy requirements, we submit the enclosed application for your consideration within five days of the effective date of this change. It is our understanding that this application satisfies any Nevada Board of Pharmacy requirements for this type of transaction with respect to a MDEG license. Please let us know at your earliest convenience whether you require any additional information or documentation to complete your review and approval of this application.

Please direct any questions or comments regarding ACI's MDEG license application to:

Epstein Becker & Green, P.C.
1227 25th Street NW, Suite 700
Washington, DC 20037
ATTN: Megan Robertson
mrobertson@ebglaw.com
(202) 861-1835 (Telephone)

Best regards,

Richard Champion Davis, III
SVP, Global Transformation
Bayou Purchaser
On behalf of Access Closure, Inc.

Enclosure: Medical Products Provider – Medical Devices, Equipment and Gases (MDEG) Application

4C

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Biom'Up USA, Inc.

MDEG Physical Address: 500 7th Avenue, Floor 8

City: New York State: NY Zip: 10018

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 212-776-8036 Website: www.Hemoblast.com

Email: CustomerServiceUSA@biomup.com

Name of MDEG Administrator (NAC 639.694): William Spotnitz, MD, MBA

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: ~~Hemostatic Agent~~ HEMOSTATIC AGENT, SURGICAL ACCESSORY

** 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:	8am - 5pm EST
Tues	8am - 5pm EST
Wed:	8am - 5pm EST
Thurs:	8am - 5pm EST
Fri:	8am - 5pm EST
Sat:	NA
Sun:	NA
Holidays:	NA

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 practicing 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: DE

Parent Company (if any): Biom'Up International LLC

Corporation/Organization Name: Biom'Up USA, Inc

Mailing Address: 500 7th Avenue, Floor 8

City: New York State: NY Zip: 10018

Telephone: 484-477-7402 Email: t.maguire@biomup.com

Contact Person Name: Tom Maguire

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all 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.

Thomas Maguire

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

July 6, 2021

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 1985 $2 Check # 1991

List of all Officers and Directors

The entity owner, Biom'Up International LLC, is incorporated in the state of Delaware and has only one executive officer as allowed for by the incorporation laws of Delaware. Therefore, the Executive Officer(s) section of the application lists only Mr. George Makhoul, the company CEO.

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, **BIOM'UP USA, INC.**, as a FOREIGN CORPORATION (80) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/11/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/30/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202106301794113
You may verify this certificate online at http://www.nvsos.gov

NY State Licensing Information

The state of NY does not issue licenses to medical device providers, in applications to other states Biom'Up has provided the following letter from our General Counsel.

Biom'Up's product HEMOBLAST™ Bellows is FDA approved (PMA # P170012), and the New York facility is registered with FDA.

biom'up
INNOVATIVE BIOSURGERY

October 29, 2019

Alabama State Board of Pharmacy
111 Village St.
Birmingham, AL 35242

RE: 2019 Manufacturer New Permit Application for Biom'up USA, Inc. – Response to Observation #1

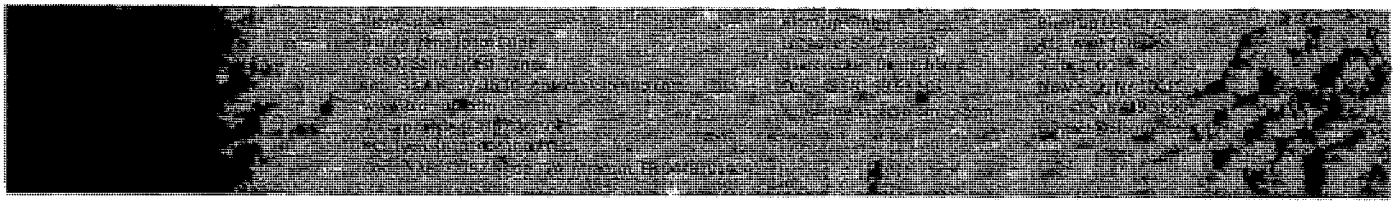
Dear Alabama Board of Pharmacy:

Please accept this letter in response to your Observation #1. Although the New York State Board of Pharmacy declined our request to provide a company-specific proof of exemption, we have attached a general advisory letter that they sent to another company, outlining what types of manufacturers are required to register in New York. The letter expressly states that registration is only required for in-state manufacturers that wholesale prescription drugs, not manufacturers of medical devices: "A manufacturer or wholesale establishment must be registered with the NY Board of Pharmacy if physically located within New York State and wholesaling prescription drugs. . . . **NYS does not require registration for manufacturing** or wholesaling **prescription devices.**"

Their stated position is rooted in the plain language of the pertinent statute: N.Y. Educ. Law § 6808(1). While it provides that registration is required for manufacturing activities concerning "drugs, prescriptions, or poisons," it does not include medical devices:

> No person, firm, corporation or association shall possess drugs, prescriptions or poisons for the purpose of compounding, dispensing, retailing, wholesaling, or manufacturing, or shall offer drugs, prescriptions or poisons for sale at retail or wholesale unless registered by the department as a pharmacy, wholesaler, manufacturer or outsourcing facility.

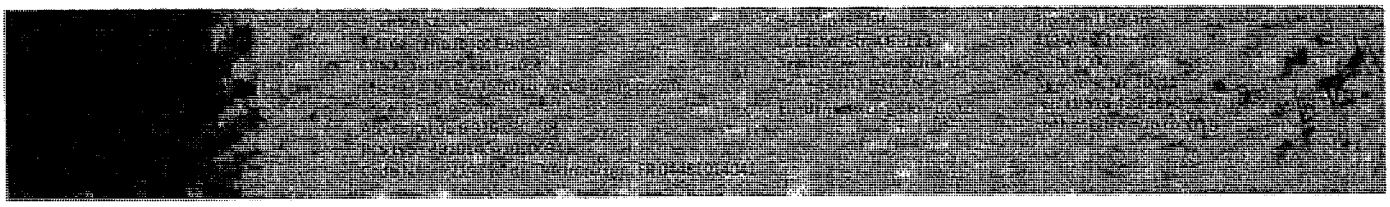
Moreover, the statutory definition of "drugs" expressly excludes medical devices: "Drugs means . . . [a]rticles intended for use as a component of any article specified in paragraphs a, b, or c; **but does not include devices** or their components, parts or accessories." N.Y. Educ. Law § 6802(7). Thus, just like the New York Board of Pharmacy's stated position, the pertinent statute clearly does not extend its registration requirements to medical device manufacturers.



biom'up
INNOVATIVE BIOSURGERY

Sincerely,

J.P. McAfee
Biom'up USA, Inc.
412 W. 15th St., Suite 1000
New York, NY 10011
Email: jp.mcafee@biomup.com
Phone: 443-474-5060



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY, [illegible]
[illegible]
[illegible]
[illegible]
[illegible]

July 11, 2014

[redacted]

Dear Sir/Madam:

NYS does not require registration for a wholesaler of OTC products.

A manufacturer or wholesale establishment must be registered with the NY Board of Pharmacy if physically located within New York State and wholesaling prescription drugs.

A non-resident establishment must be registered as a manufacturer or wholesaler if shipping, mailing, delivering, invoicing or providing drugs or drug samples into NYS.

NYS does not require registration for manufacturing or wholesaling prescription devices. The Education Department, Board of Pharmacy and the Department of Health, Bureau of Narcotic Enforcement are in agreement that wholesaler registration is not required to wholesale syringes and needles within NYS or into NYS when being supplied to wholesalers, pharmacies or prescribers. In NYS such devices require a prescription to be dispensed by a pharmacy for an individual patient.

If an establishment is wholesaling durable medical equipment (DME) or devices which do not require a prescription but instead contain a caution '*Federal law restricts this device to sale by or on the order of a physician*', there is no registration requirement in the state of New York.

Sincerely,

[illegible]

Kimberly A Leonard
Pharmacy Supervisor
Practice and Registration

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/11/2021

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	CONTACT NAME: Willis Towers Watson Certificate Center
Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Valley Forge Insurance Company	20508
INSURER B: Transportation Insurance Company	20494
INSURER C: Federal Insurance Company	20281
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Biom'up
c/o Bison Medtech Holdings LP
500 7th Avenue, 8th Floor
New York, NY 10018

COVERAGES **CERTIFICATE NUMBER:** W19821141 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			6074642134	01/01/2021	01/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			6074642134	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ 75,000 $
B	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			6074642148	01/01/2021	01/01/2022	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [ ] N/A (Mandatory in NH) 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	 $ $ $
C	Products-Completed Operations Products-Completed Operations			9949-65-07	01/01/2021	01/01/2022	Each Occurrence Each Aggregate	5,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Products-Completed Operations Retroactive Date: 08/01/2014

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Biom'Up USA, Inc.

Physical Address 500 7th Avenue, Floor 8

City New York State NY Zip 10018

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 833-436-6776 Website www.hemoblast.com

Licensing Company Email ordersusa@biomup.com

Section 2: Personal Information

First George Middle _____ Last Makhoul

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Abigail Ln

City Whitehall State PA Zip 18052

Telephone [redacted] Email g.makhoul@biomup.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials GM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Whitehall High School		9/95-6/98	
Address	**City**	**State**	**Zip**
3800 Mechanicsville Rd	Whitehall	PA	18052
Diploma/Degree obtained, if any			
HS Degree			

School Name		From - To (MM/YY – MM/YY)	
Moravian College / University		9/98-5/02	
Address	**City**	**State**	**Zip**
1200 Main St	Bethlehem	PA	18018
Diploma/Degree obtained, if any			
Business Mgmt			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/15 - Present	[redacted]Abigail Ln	Whitehall	PA	18052
9/06-5/15	1340 Woodlawn St	Whitehall	PA	18052

Applicant's initials GM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Biom'up			2/19 - Present	
Business Address		**City**	**State**	**Zip**
500 7th Ave 8th Fl		New York	NY	10018
Phone	**Title**			
833-436-6776	CEO			
Description of Duties				
Oversee Unites States organizations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials GM

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.

George Makhoul

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/30/21

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of LEHIGH

I, GEORGE MAKHOUL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/30/21

Date

Subscribed and Sworn to before me this 30 day of JUNE 2021

Dolores M Breitfeld

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Dolores M. Breitfeld, Notary Public
Lehigh County
My commission expires April 27, 2024
Commission number 1016684
Member, Pennsylvania Association of Notaries

(Seal)

Applicant's initials _____

MDEG Administrator Application

Completed MDEG administrator application for William Spotnitz, MD, MBA.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)
Administrator Application
Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Biom'Up USA, Inc MDEG License # (if applicable) _____
Physical Address 500 7th Avenue, Floor 8
City New York State NY Zip 10018
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 212-776-8036 Website www.Hemoblast.com
Licensing Company Email complianceUS@biomup.com

Section 2: Personal Information

First William Middle David Last Spotnitz
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X
Mailing Address [redacted] SW 92nd Drive
City Gainesville State FL Zip 32608
Telephone [redacted] Email w.spotnitz@biomup.com
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 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Florida Warrington College of Business		09/05 - 04/07	
Address	**City**	**State**	**Zip**
1384 Union Road Bryan, Hall 100	Gainesville	FL	32611
Diploma/Degree obtained, if any			
Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Columbia College of Physicians and Surgeons		09/73 - 05/77	
Address	**City**	**State**	**Zip**
630 West 168th Street	New York	NY	10032
Diploma/Degree obtained, if any			
Medical Doctor			

School Name		From - To (MM/YY – MM/YY)	
Harvard College		09/69 - 05/73	
Address	**City**	**State**	**Zip**
	Cambridge	MA	02138
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Ethical Culture Fieldston School		09/65 - 06/69	
Address	**City**	**State**	**Zip**
3901 Fieldston Road	Bronx	NY	10471
Diploma/Degree obtained, if any			
High School Graduate			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/06 - 06/21	[redacted] SW 92nd Drive	Gainesville	FL	32608
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)	
University of Florida College of Medicine			07/01 - 06/04	
Business Address		**City**	**State**	**Zip**
1600 SW Archer Road		Gainesville	FL	32610
Phone	**Title**		**Number of Employed Hours**	
(352) 265-0111	Professor and Chief Division of Thoracic and Cardiovascula		9,000	
Description of Duties				
Thoracic and cardiovascular surgeon leading academic division performing surgery and using hemostatic agents				

Business Name			From - To (MM/YY – MM/YY)	
Lewis Katz School of Medicine at Temple University			07/99 - 06/01	
Business Address		**City**	**State**	**Zip**
3500 N Broad St		Philadelphia	PA	19140
Phone	**Title**		**Number of Employed Hours**	
(215) 707-3656	Professor and Chief, Section of Cardiac and Thoracic Surge		6,000	
Description of Duties				
Thoracic and cardiovascular surgeon leading academic division performing surgery and using hemostatic agents				

Business Name			From - To (MM/YY – MM/YY)	
University of Virginia School of Medicine			02/85 - 06/99	
Business Address		**City**	**State**	**Zip**
1215 Lee Street		Charlottesville	VA	22903
Phone	**Title**		**Number of Employed Hours**	
(434) 924-3627	Assistant, Associate, and Professor of Surgery		40,250	
Description of Duties				
Thoracic and cardiovascular surgeon performing surgery and using hemostatic agents				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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 any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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, William David Spotnitz, **certify that as the MDEG Administrator for**

Biom'Up USA Inc,

that I (initial that you have read and meet the following requirements):

1. WDS **Have a high school diploma or its equivalent;**
2. WDS **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. WDS **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. WDS **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.

William Spotnitz
Print Name (First, Last)

William Spotnitz
Original Signature (electronic, copies or stamps not accepted)

June 30, 2021
Date

Board Use Only	Date Received:

biom'up
INNOVATIVE BIOSURGERY

July 6, 2021

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

Subject: New MDEG Application for Biom'Up USA, Inc.

Attn: Mark Sedar, COO, Nevada State Board of Pharmacy

Dear Mr. Sedar,

Please find enclosed a completed MDEG application for Biom'Up USA, Inc., including the applicable documents for a non-publicly traded company as listed in Section 9 of the application. In addition to the MDEG application, a check made out to the Nevada Board of Pharmacy in the amount of $500.00 is provided.

Please contact me directly by phone or email to address any questions or requests you may have concerning this application.

Kind regards,

Tom Maguire
Biom'Up USA, Inc.
VP, US Regulatory and Compliance
Phone: 484-477-7402
Email: t.maguire@biomup.com

4D

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: Elevate Pharmacy

Physical Address: 6825 Bandera Road, Leon Valley, TX 78238
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 6825 Bandera Road

City: Leon Valley State: TX Zip Code: 78238

Telephone: 210-255-3626 Fax: 210-521-2335

E-mail: customer@elevatepharmrx.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00a to 6:00p Tue: 8:00a to 6:00p Wed: 8:00a to 6:00p Thu: ____ to ____ Fri: ____ to ____ Sat: ____ to ____ Sun: ____ to ____ Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Anthony Fermin

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☒ Orthotics and Prosethics
Other: Off the Shelf Orthoses only

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare	7878440001	

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: N/A
- 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

Anthony Fermin
Print Name of Authorized Person

07/23/2021
Date

Board Use Only	Received:	Amount: $500 Check# 161

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: Anthony Fermin

List all previous names: _____

Social Security Number: [redacted]

Date of Birth: [redacted]

Place of Birth: City: Hollywood State: FL Country: USA

Citizenship: USA X other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: [redacted] Skyward Street City: Boca Raton

State: FL Zip Code: 33496 Telephone Number: [redacted] Fax Number: _____

Previous address (last 5 years):
Address: [redacted] Anthorne Lane City: Boynton Beach State: FL Zip Code: 33436

Address: _____ City: _____ State: Zip Code: _____

Address: _____ City: _____ State: Zip Code: _____

Address: _____ City: _____ State: Zip Code: _____

Business Name: Elevate Pharmacy

Current Business Address: 6825 Bandera Road

City: Leon Valley State: TX Zip Code: 78238

Telephone Number: 210-255-3626 Fax Number: 210-521-2335

Previous Employment (last 5 years):

Name: Pharmaforce Consulting, LLC Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

ELEVPHA-01 TCULP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/4/2021

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	CONTACT NAME: Tom Culp, III	
Crandall & Associates, Inc. 5406 Prue Rd San Antonio, TX 78240	PHONE (A/C, No, Ext): (210) 582-0267	FAX (A/C, No): (210) 696-3600
	E-MAIL ADDRESS: tom@crandallassoc.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Hartford Underwriters Ins Co	30104
INSURED	INSURER B : Hartford Casualty Ins Co	29424
Elevate Pharmacy, LLC 6825 Bandera Road Leon Valley, TX 78238	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	X COMMERCIAL GENERAL LIABILITY			65SBAAG8MGY	7/2/2021	7/2/2022	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			65SBAAG8MGY	7/2/2021	7/2/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			65WECAG8MHD	7/2/2021	7/2/2022	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: 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

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

CERTIFICATE HOLDER

For Info Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The Board of Certification / Accreditation, International

Owings Mills, Maryland, USA

Accredited Facility

Practice limited to DMEPOS supplier categories:

DM05,DM06,M01,DM02,DM08,DM11,R07,DM16,PD04,OR03,PD06,M02,M04,DM20,DM26,S01,PD08,DM22,PD09,DM10,M10,M05

The Board of Certification / Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

Elevate Pharmacy LLC
DBA: Elevate Pharmacy
6825 Bandera Rd
San Antonio, TX 78238-1359

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-Accredited Facilities.
In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgement.

Matthew Gruskin, MBA, BOCO, BOCPD, Credentialing Director

Claudia Zacharias, MBA, CAE, President & CEO

S62199
Facility Number

March 2024
Accredited Through

Accredited Since: **2021**

BOC is a CMS deemed accrediting organization.

This accreditation is the property of BOC — the certificate holder agrees to abide by the BOC CMS standards.

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

License No. **33612** Expiration Date: **1/31/2023**

Balances: **0**

ELEVATE PHARMACY
6825 BANDERA RD
LEON VALLEY TX 78238

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Elevate Pharmacy, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☑ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
6825 Bandera Road

Requester's name and address (optional)

6 City, state, and ZIP code
Leon Valley, TX 78238

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

8	5	–	0	8	3	7	0	8	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ [signature] | **Date** ▶ 07/23/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Elevate Pharmacy LLC MDEG License # (if applicable) _____

Physical Address 6825 Bandera Rd

City Leon Valley State Texas Zip 78238

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (210) 255-3626 Website https://elevatepharmrx.com

Licensing Company Email info@bocusa.org

Section 2: Personal Information

First Crystal Middle Estelle Last Gonzales

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex | M X F | X

Mailing Address [redacted] Bandera Rd / [redacted] Timber Country

City Leon Valley / San Antonio State Texas Zip 78238/78254

Telephone [redacted] Email crystal.elevaterx@gmail.com

Are you a citizen of the United States? X 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.)		X
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.)		X
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.)		X

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.)		X
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?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
San Antonio College		08/05-11/06	
Address	**City**	**State**	**Zip**
1819 N Main Ave	San Antonio	TX	78212
Diploma/Degree obtained, if any			
Pharmacy Technician Certificate			
School Name		**From - To (MM/YY – MM/YY)**	
Northwest Vista College		01/11-01/12	
Address	**City**	**State**	**Zip**
3535 N Ellison Dr.	San Antonio	TX	78251
Diploma/Degree obtained, if any			
Undergraduate 26 hours			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/21-07/21	[redacted]Timber Country	San Antonio	TX	78254
03/11-01/21	7347 Twin Falls Dr	San Antonio	TX	78238
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)	
Elevate Pharmacy			02/21-07/21	
Business Address		City	State	Zip
6825 Bandera Rd		Leon Valley	TX	78238
Phone	Title		Number of Employed Hours	
210-255-3626	Pharmacy Technician			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
IPharmacy			11/19-02/21	
Business Address		City	State	Zip
7333 Barlite		San Antonio	TX	78224
Phone	Title		Number of Employed Hours	
210-531-1244	Pharmacy Technician			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Westover Hills Pharmacy			02/19-9/19	
Business Address		City	State	Zip
9793 Culebra Rd		San Antonio	TX	78251
Phone	Title		Number of Employed Hours	
	Pharmacy Technician			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Sam's Club Pharmacy			08/17-02/19	
Business Address		City	State	Zip
5565 Dezavala Rd		San Antonio	TX	78249
Phone	Title		Number of Employed Hours	
210-641-4810	Pharmacy Technician			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Methodist Pharmacy			11/09-05/16	
Business Address		City	State	Zip
7700 Floyd Curl Dr.		San Antonio	TX	78229
Phone	Title		Number of Employed Hours	
210-575-4000	Pharmacy Technician			
Description of Duties				

Continue on next page if additional space is needed.

Darlene Nases

From: Crystal Gonzales <crystal.elevaterx@gmail.com>
Sent: Wednesday, August 18, 2021 11:26 AM
To: Darlene Nases
Subject: Direct patient-care work experience hours

This is Crystal Gonzales from Elevate pharmacy. I am verifying the amount of hours I have with direct patient-care work experience. I have worked approximately 23,040 hours in pharmacy involving direct patient-care. If you have any questions please let me know.

Thank you
Crystal Gonzales
Elevate Pharmacy
210-255-3626

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

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:

Crystal Gonzales
Original Signature (electronic, copies or stamps not accepted)

8-10-2021
Date

I, Crystal Gonzales, **certify that as the MDEG Administrator for**

Elevate Pharmacy,

that I (initial that you have read and meet the following requirements):

1. CG/CG Have a high school diploma or its equivalent;
2. CG/CG 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. CG/CG 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. CG/CG 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.

Crystal Gonzales
Print Name (First, Last)

Crystal Gonzales
Original Signature (electronic, copies or stamps not accepted)

8-10-2021
Date

Board Use Only	Date Received:

COMPTROLLER.TEXAS.GOV

Glenn Hegar
Texas Comptroller of Public Accounts

% Taxes

Franchise Tax Account Status

Certificates of Account Status

Use our online search to find a taxpayer's Franchise Tax Account Status page.

"Certificates of Account Status," previously called "Certificates of Good Standing," provide the status of an entity's right to transact business in Texas. Franchise tax account status may be required in order to conduct real estate or financial transactions. Search results reflect the information in the Comptroller's records at the time the query is made.

The Comptroller is required by law to forfeit a company's right to transact business in Texas if the company has not filed a franchise tax report or paid a franchise tax required under Chapter 171. The law also requires the Comptroller to give at least 45 days after the notice of pending forfeiture is mailed before the actual forfeiture. Any franchise tax deficiencies must be cured during that period to avoid the forfeiture of the right to transact business in Texas. If the corporate privileges are forfeited, the entity will be denied the right to sue or defend itself in a Texas court and each director or officer will be liable for the debt of the entity. See Texas Tax Code 171.255.

Secretary of State Filings

Franchise tax account status printed from our online search is not acceptable for filings with the Secretary of State (SOS).

Complete Form 05-359, Request for Certificate of Account Status to Terminate a Taxable Entity's Existence in Texas [comptroller.texas.gov/forms/05-359.pdf], to obtain a certificate for filing with the Secretary of State. The certificate is available in hard copy or PDF format.

Get More Information

- Review our Franchise Tax Frequently Asked Questions [comptroller.texas.gov/taxes/franchise/faq/].
- Contact the Comptroller's office by completing the online help form [comptroller.texas.gov/web-forms/franchise/taxhelp/] or calling 800-252-1381.
- Visit the SOS website or call 512-463-5555.

Franchise Tax Account Status

As of : 08/10/2021 11:57:06

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

ELEVATE PHARMACY LLC	
Texas Taxpayer Number	32074058515
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	04/23/2020
Texas SOS File Number	0803600862
Registered Agent Name	REGISTERED AGENTS INC
Registered Office Street Address	5900 BALCONES DRIVE STE 100 AUSTIN, TX 78731

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Elevate Pharmacy LLC

Physical Address: 6825 Bandera Rd.

City: Leon Valley State: TX Zip: 78238

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (210) 255-3626 Website: elevatepharmrx.com

Licensing Company Email: customer@elevatepharmrx.com

Section 2: Personal Information

First: Anthony Middle: Last: Fermin

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Skyward St.

City: Boca Raton State: FL Zip: 33496-5609

Telephone: [redacted] Email: anthony@elevatepharmrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: A.F.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Florida Atlantic University		2008 – 2013	
Address	**City**	**State**	**Zip**
777 Glades Rd.	Boca Raton	FL	33431
Diploma/Degree obtained, if any: B.S. Geology			

School Name		From - To (MM/YY – MM/YY)	
NOVA High School		2004 – 2008	
Address	**City**	**State**	**Zip**
3600 College Ave.	Davie	FL	33314
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2020 – Current	[redacted] Skyward St	Boca Raton	FL	33496
04/2018 – 04/2020	13004 Anthorne Ln	Boynton Beach	FL	33436
04/2016 – 04/2018	7801 N Federal Hwy	Boca Raton	FL	33487

Applicant's initials A.F.

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Pharmaforce Consulting LLC	09/17 - Current

Business Address	City	State	Zip

Phone	Title

Description of Duties

Owner

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/24/2021
Date

Applicant's initials AF.

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.

Anthony Fermin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/24/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Jeannette Cano, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/24/2021

Date

Subscribed and Sworn to before me this 24 day of August 2021.

Jeannette Cano

Notary Public Signature

Notary Public State of Florida
Jeannette Cano
My Commission HH 115360
Expires 04/07/2025

(Seal)

Applicant's initials A.F.

4E

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☒ New MDEG		☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Exact Sciences Corporation

MDEG Physical Address: 441 Charmany Dr.

City: Madison State: WI Zip: 53719

Mailing Address (if different from physical address): 5505 Endeavor Lane

City: Madison State: WI Zip: 53719

Telephone: (608) 284-5700 Website: https://www.exactsciences.com/

Email: tbraga@exactsciences.com

Name of MDEG Administrator (NAC 639.694): Tammy Turek-Etienne

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others: Colorectal Cancer Screening Device

** 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: N/A Telephone: N/A

Days and Hours of Operation

Mon:	8:00 AM - 5:00 PM
Tues	8:00 AM - 5:00 PM
Wed:	8:00 AM - 5:00 PM
Thurs:	8:00 AM - 5:00 PM
Fri:	8:00 AM - 5:00 PM
Sat:	CLOSED
Sun:	CLOSED
Holidays:	CLOSED

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))
K300128673
N/A
N/A
N/A

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: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing 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: Delaware

Parent Company (if any): N/A

Corporation Name: Exact Sciences Corporation

Mailing Address: 5505 Endeavor Lane

City: Madison State: WI Zip: 53719

Telephone: (608) 284-5700 Email: tbraga@exactsciences.com

Contact Person Name: Thiago Braga

Date of SEC Registration: 25Sept2003	SEC Registration Number: 333-108679	Stock Exchange Symbol: EXAS

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): N/A

Corporation/Organization Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Section 7: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Section 8: Sole Owner

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all 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.

Thiago Braga

Print Name of Authorized Person Submitting Application

Thiago Braga

Original signature of Authorized Person (copies or stamps not accepted)

12AUG2021

Date

Board Use Only	Date Received: _____	Amount: $500 (CC)

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/24/2021

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	CONTACT NAME: David Parmentier
Hays Companies Inc. 1200 North Mayfair Road Suite #100 Milwaukee WI 53226	PHONE (A/C, No, Ext): (414) 443-0000 FAX (A/C, No): E-MAIL ADDRESS:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Exact Sciences Corporation 5505 Endeavor Lane Madison WI 53719	INSURER A: Federal Insurance Company	20281
	INSURER B: Travelers Indemnity Company of CT	25682
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 21-22 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER:			3605-71-51	7/1/2021	7/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded $
A	AUTOMOBILE LIABILITY X ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS			7361-59-89	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			3605-71-50	7/1/2021	7/1/2022	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			UB-2B373561	7/1/2021	7/1/2022	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

James Hays/NPIE

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EXPIRES: 05/31/2022

NO. 450 - 44

The State of Wisconsin
Department of Safety and Professional Services

PHARMACY EXAMINING BOARD

Hereby certifies that

EXACT SCIENCES CORPORATION

was granted a license to practice as a

MANUFACTURER

in the State of Wisconsin in accordance with Wisconsin Law
on the 20th day of October in the year 2014.
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

STATE OF WISCONSIN
DEPT. OF SAFETY AND PROFESSIONAL SERVICES

DSPS Secretary

Chairperson

Secretary

This certificate was printed on the 24th day of June in the year 2020

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXACT SCIENCES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE 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 "EXACT SCIENCES CORPORATION" WAS INCORPORATED ON THE TENTH DAY OF FEBRUARY, A.D. 1995.

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

Jeffrey W. Bullock, Secretary of State

2479901 8300

SR# 20210762040

Authentication: 202626623

Date: 03-02-21

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

EXACT SCIENCES

5505 Endeavor Lane
Madison, WI 53719

Exact Sciences Corporation
Officers & Directors

July 23rd, 2021

Executive Officers

Kevin Conroy
Chairman & CEO

Sarah Condella
EVP, Human Resources

Scott Coward
EVP and General Counsel, Chief Administrative Officer

Jeff Elliott
EVP, Chief Financial and Operating Officer

Board of Directors

Kevin Conroy

Paul Clancy

James E. Doyle

Pierre Jacquet

Daniel Levangie

Freda Lewis-Hall

Shacey Petrovic

Kathleen Sebelius

Katherine S. Zanotti

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Tammy Turek-Etienne MDEG License # (if applicable) _____

Physical Address 650 Forward Drive

City Madison State WI Zip 53711

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 608-512-2655 Website www.exactsciences.com

Licensing Company Email ttureketienne@exactsciences.com

Section 2: Personal Information

First Tammy Middle Christine Last Turek-Etienne

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Raven Court

City Oregon State WI Zip 53575

Telephone [redacted] Email [redacted]

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 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of MN, Twin Cities Campus		08/94-05/99	
Address	**City**	**State**	**Zip**
231 Pillsbury Drive SE, 240 Williamson Hall	Mpls	MN	55455
Diploma/Degree obtained, if any			
Ph.D. in Organic Chemistry			

School Name		From - To (MM/YY – MM/YY)	
University of WI, Madison		09/90-05/94	
Address	**City**	**State**	**Zip**
601 University Ave	Madison	WI	53715
Diploma/Degree obtained, if any			
BS in Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Faribault High School		08/88-06/90	
Address	**City**	**State**	**Zip**
330 9th Ave SW	Faribault	MN	55021
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/15-07/21	[redacted]Raven Ct	Oregon	WI	53575
05/04-10/15	2794 Sunflower Drive	Fitchburg	WI	53711

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)
Exact Sciences			01/15-07/21
Business Address	**City**	**State**	**Zip**
5505 Endeavor Lane	Madison	WI	53719
Phone	**Title**		**Number of Employed Hours**
608-284-5700	Vice President, Operations		13520
Description of Duties			
Oversee the Operations at Exact Sciences, including the MFG, QC, EHS, Engineering and Supply Chain areas.			

Business Name			From - To (MM/YY – MM/YY)
Exact Sciences			08/14-12/14
Business Address	**City**	**State**	**Zip**
5505 Endeavor Lane	Madison	WI	53719
Phone	**Title**		**Number of Employed Hours**
608-284-5700	Sr. Director, Operations		1040
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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. <u>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.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

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:

Tammy C. Tuck-Etienne

Original Signature (electronic, copies or stamps not accepted)

July 20, 2021

Date

I, Tammy Turek-Etienne, **certify that as the MDEG Administrator for**

Exact Sciences,

that I (initial that you have read and meet the following requirements):

1. TTE Have a high school diploma or its equivalent;
2. TTE 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. TTE 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. TTE 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.

Tammy Turek-Etienne
Print Name (First, Last)

Tammy C. Turek-Etienne — July 20, 2021
Original Signature (electronic, copies or stamps not accepted) — Date

Board Use Only	Date Received:

4F

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Koya Medical Inc

MDEG Physical Address: 2461 Peralta St

City: Oakland State: CA Zip: 94607

Mailing Address (if different from physical address): See Above

City: _____ State: _____ Zip: _____

Telephone: 415-209-5035 Website: www.koyamedical.com

Email: Stacey@Koyamedical.com

Name of MDEG Administrator (NAC 639.694): Anand Doraiswamy

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others: Sequential compression devices This is a class 2, schedule 6 medical device that requires a prescription.

** 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: Not Applicable Telephone: _____

Days and Hours of Operation

Mon:	9am-6pm PST
Tues	9am-6pm PST
Wed:	9am-6pm PST
Thurs:	9am-6pm PST
Fri:	9am-6pm PST
Sat:	Closed
Sun:	Closed
Holidays:	Closed during major holidays with emergency access

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)?		X
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?		X
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?		x
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?		x
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)?		x
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))
Not Applicable

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: Not Applicable 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 practicing 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: Not Applicable

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: Delaware / 2/20/2018

Parent Company (if any): Not applicable

Corporation/Organization Name: Koya Medical Inc

Mailing Address: 2461 Peralta St

City: Oakland State: CA Zip: 94607

Telephone: 415-209-5035 Email: stacey@koyamedical.com

Contact Person Name: Stacey Gregory

Section 7: Partnership

Partnership Name: Not applicable

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 8: Sole Owner

Owner's Name: Not applicable

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all 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.

Anand Doraiswamy

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/22/2021

Date

Board Use Only	Date Received: _____	Amount: $500 Check # 035994

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Koya Medical Inc MDEG License # (if applicable) N/A

Physical Address 2461 Peralta St

City Oakland State CA Zip 94607

Mailing Address (if different from physical address) 2461 Peralta St

City Oakland State CA Zip 94607

Telephone 415-851-0337 Website www.koyamedical.com

Licensing Company Email compliance@koyamedical.com

Section 2: Personal Information

First Anand Middle N/A Last Doraiswamy

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ✓M F X

Mailing Address [redacted] Peralta St

City Oakland State CA Zip 94607

Telephone [redacted] Email andy@koyamedical.com

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 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of North Carolina at Chapel Hill			08/05-08/07	
Address		City	State	Zip
UNC-Chapel Hill Suite 3100		Chapel Hill	NC	27599
Diploma/Degree obtained, if any				
PhD				

School Name			From - To (MM/YY – MM/YY)	
University of Arizona			08/01-12/03	
Address		City	State	Zip
1401 E University Blvd		Tucson	AZ	85721
Diploma/Degree obtained, if any				
MS				

School Name			From - To (MM/YY – MM/YY)	
SVCE/University of Madras			08/97 - 05/01	
Address		City	State	Zip
Post Bag No.1 Pennalur Village		Sriperumbudur	India	602117
Diploma/Degree obtained, if any				
Bachelors in Technology				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/19 - Present	[redacted] Mountain Blvd	Oakland	CA	94611
03/18 - 03/19	250 W El Camino Real 1101	Sunnyvale	CA	94087
09/15 - 03/18	508 Natoma St	San Francisco	CA	94103
03/14 - 12/14	357 Tehama St Ste 1	San Francisco	CA	94103
05/10 - 02/14	872 Highland Dr #4	Santa Barbara	CA	93109
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)	
Koya Medical, Inc.			02/2018 - Present	
Business Address		**City**	**State**	**Zip**
2461 Pualta St.		Oakland	CA	94611
Phone	**Title**		**Number of Employed Hours**	
4158510337	President/CEO		80	
Description of Duties				
President and CEO				

Business Name			From - To (MM/YY – MM/YY)	
Oculeve (Allergan, Plc)			03/14 - 05/17	
Business Address		**City**	**State**	**Zip**
395 Oyster Pt Blvd Ste 500		South San Francisco	CA	94080
Phone	**Title**		**Number of Employed Hours**	
4158510337	COO		80	
Description of Duties				
Head of Operations				

Business Name			From - To (MM/YY – MM/YY)	
AVS (Santen)			08/07 - 03/14	
Business Address		**City**	**State**	**Zip**
5743 Thornwood Dr		Goleta	CA	93117
Phone	**Title**		**Number of Employed Hours**	
4158510337	GM/VP Operations		80	
Description of Duties				
Head of Operations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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 any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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)

7/22/2021
Date

I, Anand Doraiswamy, **certify that as the MDEG Administrator for**

Koya Medical Inc,

that I (initial that you have read and meet the following requirements):

1. AD Have a high school diploma or its equivalent;
2. AD 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. AD 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. AD 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.

Anand Doraiswamy

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/22/2021

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Koya Medical Inc

Physical Address 2461 Peralta St

City Oakland State CA Zip 94607

Mailing Address (if different from physical address) See Above

City _____ State _____ Zip _____

Telephone 415-209-5035 Website www.koyamedical.com

Licensing Company Email OClifford@LicenseLogix.com

Section 2: Personal Information

First Anand Middle N/A Last Doraiswamy

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Peralta St

City Oakland State CA Zip 94607

Telephone [redacted] Email Andy@koyamedical.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials AD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina at Chapel Hill		08/05-08/07	
Address	**City**	**State**	**Zip**
UNC-Chapel Hill Suite 3100	Chapel Hill	NC	27599
Diploma/Degree obtained, if any			
PhD			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		08/01-12/03	
Address	**City**	**State**	**Zip**
1401 E University Blvd	Tucson	AZ	85721
Diploma/Degree obtained, if any			
MS			

School Name		From - To (MM/YY – MM/YY)	
SVCE/University of Madras		08/97 - 05/01	
Address	**City**	**State**	**Zip**
Post Bag No.1 Pennalur Village	Sriperumbudur	India	602117
Diploma/Degree obtained, if any			
Bachelors in Technology			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/19 - Present	[redacted] Mountain Blvd	Oakland	CA	94611
03/18 - 03/19	250 W El Camino Real 1101	Sunnyvale	CA	94087
09/15 - 03/18	508 Natoma St	San Francisco	CA	94103
03/14 - 12/14	357 Tehama St Ste 1	San Francisco	CA	94103
05/10 - 02/14	872 Highland Dr #4	Santa Barbara	CA	93109
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Koya Medical, Inc.			02/2018 - Present
Business Address	**City**	**State**	**Zip**
2461 Peralta St.	Oakland	CA	94611
Phone	**Title**		
4158510337	President/CEO		
Description of Duties			
President and CEO			

Business Name			From - To (MM/YY – MM/YY)
Oculeve (Allergan, Plc)			03/14 - 05/17
Business Address	**City**	**State**	**Zip**
395 Oyster Pt Blvd Ste 500	South San Francisco	CA	94080
Phone	**Title**		
4158510337	COO		
Description of Duties			
Head of Operations			

Business Name			From - To (MM/YY – MM/YY)
AVS (Santen)			08/07 - 03/14
Business Address	**City**	**State**	**Zip**
5743 Thornwood Dr	Goleta	CA	93117
Phone	**Title**		
4158510337	GM/VP Operations		
Description of Duties			
Head of Operations			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/22/2021
Date

Applicant's initials AD

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.

Anand Doraiswamy

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/22/2021

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of ALAMEDA

I, Anand Doraiswamy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/22/2021

Date

Subscribed and Sworn to before me this 22 day of July 2021.

Notary Public Signature

AISHA GAINES
Commission No. 2293198
NOTARY PUBLIC-CALIFORNIA
SOLANO COUNTY
My Comm. Expires JUNE 15, 2023

(Seal)

Applicant's initials AD

licenselogix

Business License Missing Fields Report

Number of questions: 355
Number of answers: 280

ID	Question Type	State	Question	Answer Options	Client Answer
2018946	Corporate		Owner Title:		President & CEO
2018947	Corporate		Owner First Name:		Anand
2018948	Corporate		Owner Last Name:		Doraiswamy
2018949	Corporate		Owner Work Phone:		415-851-0337
2018952	Corporate		Owner Email:		andy@koyamedical.com
2018953	Corporate		Owner Percent Ownership:		17.6%
2018954	Corporate		Owner Home Address Street:		[redacted] Mountain Blvd
2018955	Corporate		Owner Home Address City:		Oakland
2018956	Corporate		Owner Home Address State:		CA
2018957	Corporate		Owner Home Address Zip:		94611
2018958	Corporate		Owner Home Phone:		[redacted]
2018959	Corporate		Owner Title:		Entity with Ownership
2018960	Corporate		Owner First Name:		Arboretum Ventures V, LP
2018961	Corporate		Owner Last Name:		NA
2018962	Corporate		Owner Work Phone:		734-998-3688
2018965	Corporate		Owner Email:		info@arboretumvc.com
2018966	Corporate		Owner Percent Ownership:		47.5%
2018967	Corporate		Owner Home Address Street:		[redacted] Detroit St Ste [redacted]
2018968	Corporate		Owner Home Address City:		Ann Arbor
2018969	Corporate		Owner Home Address State:		MI
2018970	Corporate		Owner Home Address Zip:		48104
2018971	Corporate		Owner Home Phone:		[redacted]
2018972	Corporate		Owner Title:		Entity with Ownership
2018973	Corporate		Owner First Name:		Scientific Health Development III, Ltd.
2018974	Corporate		Owner Last Name:		
2018975	Corporate		Owner Work Phone:		214-303-1540
2018978	Corporate		Owner Email:		info@shdpartners.com
2018979	Corporate		Owner Percent Ownership:		11.4%
2018980	Corporate		Owner Home Address Street:		[redacted] Cedar Springs Road, Suite 240
2018981	Corporate		Owner Home Address City:		Dallas
2018982	Corporate		Owner Home Address State:		TX
2018983	Corporate		Owner Home Address Zip:		75201
2018984	Corporate		Owner Home Phone:		[redacted]
2018985	Corporate		Owner Title:		Entity with Ownership
2018986	Corporate		Owner First Name:		Bolt Fund III, LP
2018987	Corporate		Owner Last Name:		NA
2018988	Corporate		Owner Work Phone:		617-830-7971
2018991	Corporate		Owner Email:		info@bolt.io
2018992	Corporate		Owner Percent Ownership:		8.2%
2018993	Corporate		Owner Home Address Street:		[redacted] Chauncy St
2018994	Corporate		Owner Home Address City:		Boston
2018995	Corporate		Owner Home Address State:		MA
2018996	Corporate		Owner Home Address Zip:		02111
2018997	Corporate		Owner Home Phone:		[redacted]
2047445	Corporate		Owner Title:		CFO
2047446	Corporate		Owner First Name:		Damian
2047447	Corporate		Owner Last Name:		Rippole
2047448	Corporate		Owner Work Phone:		415-234-3895
2047451	Corporate		Owner Email:		damian@koyamedical.com
2047452	Corporate		Owner Percent Ownership:		0
2047453	Corporate		Owner Home Address Street:		[redacted] Wynstone Drive
2047454	Corporate		Owner Home Address City:		Wexford
2047455	Corporate		Owner Home Address State:		PA
2047456	Corporate		Owner Home Address Zip:		15090
2047457	Corporate		Owner Home Phone:		[redacted]

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/3/2021

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	Risk Strategies Company 700 Airport Boulevard, Suite 300 Burlingame, CA 94010	CONTACT NAME:	Barbara Conrad
		PHONE (A/C, No, Ext):	650-762-0465 FAX (A/C, No):
		E-MAIL ADDRESS:	bconrad@risk-strategies.com
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A :	
INSURED	Koya Medical, Inc. 2461 Peralta Street Oakland CA 94607	INSURER B : Hartford Insurance Co of the Midwest	37478
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 60472701 **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	
B	✓ COMMERCIAL GENERAL LIABILITY			57SBMAN3441	2/22/2021	2/22/2022	EACH OCCURRENCE	$2,000,000
	☐ CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$4,000,000
	✓ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$EXCLUDED
	OTHER:							$
	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)	$
								$
B	✓ UMBRELLA LIAB ✓ OCCUR			57SBMAN3441	2/22/2021	2/22/2022	EACH OCCURRENCE	$1,000,000
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$1,000,000
	DED ✓ RETENTION $10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
							Additional Agg. $1,000,000 Maximum Aggregate $3,000,000 Retention $0/$25k / $25k	

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

Proof of Insurance

CERTIFICATE HOLDER

Koya Medical Inc
2461 Peralta St
Oakland CA 94607

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

MB Christian

Mike Christian

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STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Koya Medical Inc
2461 Peralta Street
Oakland, CA 94607

LICENSE NUMBER: 113710
EXPIRATION DATE: 6/24/2022

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KOYA MEDICAL, 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 MAY, A.D. 2021.

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

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

Jeffrey W. Bullock, Secretary of State

6762716 8300

SR# 20211970344

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

Authentication: 203262666

Date: 05-21-21

EAGLE Registrations Inc.
SERVICE • INTEGRITY • VALUE

January 12, 2021

Andy Doraiswamy
Koya Inc.
2461 Peralta St
Oakland, CA 94607

Dear Andy Doraiswamy:

Please find enclosed a copy of your Audit Report. The report details the results of the EAGLE visit to your facility on January 11-12, 2021.

Thank you for choosing EAGLE as your registrar. We look forward to continuing our work with Koya Inc.

Thank you for choosing EAGLE as your registrar. Feel free to contact me or Evan Thomas if you have any questions about this report or Assessment Database.

Respectfully,

Dan Brown
Lead Auditor

EAGLE Registrations Inc. Service-Integrity-Value		ASSESSMENT REPORT	
COMPANY:	Koya Inc.	REPRESENTATIVE:	Andy Doraiswamy
LOCATION:	2461 Peralta St, Oakland, CA 94607	TELEPHONE:	415-851-0337
WEBSITE:	www.koyainc.com	E-MAIL:	andy@koyainc.com
STANDARD:	ISO 13485:2016	ACCREDITATION BODY:	ANAB
ASSESSMENT DATE:	January 11-12, 2021	AUDIT TYPE:	Surveillance (SA)
DOCUMENTATION:	QM 002 Rev. D 10/09/2020		
DOCUMENTATION STATUS:	Are there any changes since last visit? _X_YES ___NO If YES, explain and /or attach any explanation / approval	**Updated address only. No change to the QMS.**	
SCOPE:	Design, development and manufacture of active, external compression devices and devices for wound care.		
SCOPE VERIFICATION	Is scope appropriate? (see scope above) _X_YES ___NO If NO, explain.		
REVIEW OF SCOPE FOR PRECISION AND TECHNICAL AREAS:	Describe your review of the website and marketing materials and alignment between this and the Scope Wording and EIC Technical Areas: **Suitable, accurate, & appropriate** *See last page of template for table of EIC Technical Areas		
CERTIFICATE VERIFICATION:	Certificate Number: **6068** Expiration Date: **03/05/23**		
VERIFY REGISTRATION SYMBOL STATUS AND MARKETING: (REVIEW FOR SCOPE AND INTEGRITY OF CERTIFICATION MARKETING)	Are EAGLE Logo, ANAB Mark, and ISO 13485:2016 being used properly in marketing materials and website and is the marketing in alignment with the scope (products, services, location) ~~___YES___NO~~ Include comment of what was reviewed: **Website, no reference to ISO 13485:2016, Eagle, or ANAB.** __Use is appropriate _X_EAGLE Logo is not used _X_ANAB Mark is not used Comments:		
EAGLE INDUSTRY CODE (EIC):	03 - Active, non-implantable General Medical Devices		
EIC CODE STATUS:	Is the EIC listed above appropriate and correct for this organization? _X_YES ___NO If NO, list the reason.		
LEAD AUDITOR SIGNATURE:	**Dan Brown** Dan I Brown		
AUDITOR:	N/A		
WITNESS/OBSERVER:	N/A		
CONTENTS:	A. Audit Summary & Office Action Items B. Opening & Closing Meeting Checklists C. Attendance Sheet D. Confidentiality and Conflict of Interest Statement E. Pre Audit & Planning Form F. Audit Schedule G. Audit Program • Registration Assessment Plan • On-Going Surveillance Plan- 2 pages • Audit Plan H. New Non-Conformities I. Pre-Audit Review Notes J. Process Audit Notes		
DISTRIBUTION:	Client Certification Manager-Evan Thomas EAGLE Registration File 135179		

Office Action Items

Office Issue No.	Description of Item
1	**New certificate required with new address.**

A
Audit Summary

NEW NON-CONFORMITIES: _0_Major _0_Minor _0_OFIs (OFIs can be found in the audit notes section). Is a corrective action plan and root cause analysis required to be submitted 30 days from the date of this audit? ___YES _X_NO. If YES, you will receive an automated email with a link to respond in the system. Use Work Instruction 214 for guidance. Additional Resource is the "Client NCR Use" video under "Tutorials" inside EMIS.

Audit Summary:
Provide a summary of the audit results, including comments related to:
(1) The effectiveness of the quality management system to achieve expected outcomes,
(2) The ability of the organization to constantly provide product that meets customer and applicable regulatory requirements,
(3) The ability of the organization's quality management system to meets its objectives and continually improve its effectiveness. Provide info on demonstrated results, customer satisfaction results, trends, measured effectiveness of key organizational processes, previous NCR issues.
(4) Significant changes that may impact mgt. system, since last audit.

*****All Fields to the right MUST be completed.**

Effectiveness of the Internal Audit System (evidence):
Reviewed procedure, schedule, report, results, and auditor qualifications. Audits are process-based, well documented, and used to enhance the maturing of the QMS. Process is suitable and effective.

Effectiveness of the Corrective Action System(evidence):
Reviewed procedure, log, and CA reports. Root causes are identified and corrected with permanent actions to the system. Process is suitable and effective.

Effectiveness of the Management Review(evidence):
Reviewed agenda and minutes with supporting data and action items. Management has the data they need to make effective, risk-based decisions on the resources of the organization and to drive the growth and development of the company, the product, and the QMS. Process is suitable and effective.

Focus for the next audit:
Purchasing, Production Controls and Validation

AUDIT SUMMARY (See left):
The company and the product are still under development at this time. Current emphasis is on developing effective production controls and validating the production process. The "Dayspring" product was cleared by the FDA June 16. 2020. The product is a powered massaging device to be worn an hour at a time to improve post-surgical blood circulation and prevent blood clots while the patient is ambulatory. Current devices require patients to be stationary during treatment.

1) To the extent of the product maturity, the QMS is at an appropriate level of implementation. All required procedures are in place, records are available for most activities. There are several processes which have not yet been able to be fully deployed since the required activity has not yet occurred (for example, process validation; complaints are recorded and responded to however there are no marketed devices to date and these complaints were from clinical studies and used to assist in product development and risk assessment).

2) As the OEM, Koya defines the product requirements. FDA clearance of Dayspring's 510k application provides evidence of conformity to regulatory requirements. No international product approvals to date.

3) Quality objectives have been established for all processes however several are unmeasurable as yet since there is no data available at this time. Results for measurable objectives include:

Metric	***Target***	***2020 Actual***
QP Training	90% of employees trained	100% complete
External audit	<5 major NCs/audit	0 majors to date
CAPA closure	<30 days	100% closed w/in 30 days (21 days average)
ECN closure	<30 days	100% closed w/in 30 days (5 days average)

4) Significant changes from last year include the move of the company from San Francisco to Oakland and FDA approval of the Dayspring product.

CONCLUSION: Audit objectives have been fulfilled. Has this audit determined that the quality management system should be recommended for continued registration?
☒ YES ☐ NO ☐ HOLD Pending Corrective Actions.

*Auditing is based on a sampling process of the available information.

EAGLE Registrations Inc. Service-Integrity-Value	B Opening & Closing Meeting Checklists
Organization/Registration Site:	Koya Inc./ 2461 Peralta St, Oakland, CA 94607

	OPENING MEETING ITEMS:
1.	Introductions & Opening Meeting Attendance Sheet
2.	Verify No Conflict of Interest – Confidentiality and Conflict of Interest Statements
3.	Verify Audit Objectives, Standard, Scope and any justifications or non-applicable
4.	Verify the following items have not changed since audit planning: -_shifts as listed on schedule (update accordingly) -employee count = 4 Total (The number of audit days for this visit was based on an employee range of: **1-5.** If the current number of employees falls outside of this range, please contact Evan Thomas at EAGLE home office) -Any dedicated weekend crews?: ☐ Yes ☑ No – **If YES Explain(times/days):**_____ -Any changes in support functions, sites and/or locations? ☑ Yes ☐ No - **If YES Explain: _New Address, new cert req'd_** -Any information related to legal or regulatory that will not be able to be shared? (If no, identify objective evidence plan- call office if need- AR5) **No information will be withheld from sharing during the audit.**
5.	Verify Customers and Customer Requirements & Any Regulatory and Statutory Requirements
6.	Audit Process Reviewed - EAGLE Quality Policy - Sampling and Objective Evidence - Non-conformance Record & Definitions of Major, Minor & Opportunities for Improvement - Appeals Process & Termination of Audit - Auditors' Obligation to Keep Client Informed of the Audit Progress - Daily Meetings & Closing Meeting - Registration Audit Summary Sheet - Recommendation Definitions - Any Work Safety, Emergency & Security Procedures for the Audit Team
7.	List/Confirm Escort Names & Confirm Official Communication Links Confirm Working and Meeting Room Provisions
8.	English is primary language used (i.e. reports, audit, etc.) - Other language and time added (%)
9.	Review Audit Schedule - Working Hours, Lunch Arrangements & Closing Meeting & Daily Debrief Times - Any Changes? (If YES, note on copy of the schedule and include in report)
10.	Answer any questions
☒ By checking this box, auditor confirms that all applicable items in the opening meeting checklist above have been covered as part of this audit.	

	CLOSING MEETING ITEMS:
1.	Thanks for selecting EAGLE and hospitality & Reminder of Confidentiality
2.	Attendance Sheet
3.	Summarize Assessment: -Advise client based on sample -Review any Positive Aspects, OFIs & Concerns -Review & Classification of Findings -Recommendation on Continued Certification (YES/NO/HOLD - See Audit Summary) -EAGLE post audit activities (Technical Review, Registration Grant Decision, Payment of Invoice & Cert issuance)
4.	EAGLE process for Non-Conformities -WI 214 Details the NCR Submittal Process – See Annex A and B for guidance of ensuring acceptable responses. -Timing of reply per EMIS due dates are critical. (30 day Plan, 60 days Obj. Evidence & 90 day closure)
5.	Assessment Report
6.	Complaints/Appeals Process
7.	Any Inconsistent Interpretations? ____YES _X_NO **If YES, List:**
8.	As defined in the Audit Plan, **Next Visit scheduled for: TBD (1.5 Day SA / 12 month cycle)** ***Client requests to schedule this at a later date due to uncertainty over plans to expand to international markets.***
9.	Web Survey
10.	Answer any questions
☒ By checking this box, auditor confirms that all applicable items in the closing meeting checklist above have been covered as part of this audit.	

EAGLE Registrations Inc. Service-Integrity-Value	C ICT REMOTE AUDIT ATTENDANCE RECORD			
Customer/Registration Location:	Koya Inc./ Oakland CA			
Type of Assessment:	Surveillance (SA)/Opening/Closing			
Date:	January 11-12, 2021			
Print Name	Title	Company	Initials Opening	Initials Closing
Dan Brown	Lead Auditor	EAGLE	DB	DB
Andy Doraiswamy	CEO	Koya		AD
Susan Chung	QA Director	Koya	SC	SC
Jarren Baldwin	Head of R&D	Koya	JB	JB
Connor Meehan	Manufacturing	Koya	CM	CM
John Pamplin	Dir of Innovation	Koya	JP	JP

EAGLE Registrations Inc. Service-Integrity-Value	D Confidential Information and No Conflict of Interest Agreement

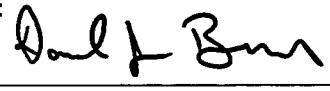
I am a ("Designated Assessor") and have executed an agreement with EAGLE Registrations Inc. to provide registration activities to EAGLE and to contracted registrars (as defined in the Agreement). As part of such Agreement, I am obligated to execute this Confidential Information and No Conflict of Interest Agreement ("Special Agreement") for each client for which I perform Registration Activities.

I hereby execute this Special Agreement with respect to Koya Inc./ 2461 Peralta St Oakland, CA 94607 ("Client"). I confirm that I have not during the 24-month period prior to the date hereof directly or indirectly provided any consulting or other services to or on behalf of Client (or their corporately related bodies); I confirm that I will not, during the 12-month period succeeding the last day on which I provide registration activities with respect to Client pursuant to the Agreement or any future agreement between EAGLE and me, directly or indirectly provide any consulting, or any other employee or contract services (including, but not limited to Registration Activities) to or on behalf of client. I certify that I have neither solicited nor accepted from Client, nor has Client made any offer or promise of, any payment or gift of money or anything of value that could reasonably be understood to be intended to unduly influence my performance of the registration activities.

I understand that in order to perform registration activities with respect to Client, EAGLE, Client and/or a contracted registrar shall provide me (i) with materials concerning client and records of Client which contain confidential information belonging to Client, and (ii) with access to Client's personnel who know confidential information belonging to Client, which confidential information is not otherwise generally known by the public and which is called "Confidential Information" under this Special Agreement.

I shall keep Confidential Information secret and confidential, and not disclose such Confidential Information to any person or entity except for EAGLE and, if applicable, a Contracted Registrar providing services to Client. I shall deliver to EAGLE, or at EAGLE's direction, to Client all materials and reports (including all copies) in my possession (including quality manuals, reports, computerized data contained in any form) upon receipt of a written letter from Client or EAGLE instructing me to return such materials.

I understand that my obligations under this Special Agreement shall survive the termination of the Agreement.

Designated Assessor/Signature	**Lead Auditor:** Dan Brown/ 	Date:	January 11, 2021

EAGLE Registrations Inc. Service-Integrity-Value	E Pre Audit & Planning
CUSTOMER NAME/LOCATION:	Koya Inc./Oakland, CA, US

Pre Audit & Planning: ITEMS	Objective Evidence: Comments/Notes
1. **Review Template Package:** Review for accuracy of audit you are assigned, verify all needed items or attachments are available	**See below for notes on the use of time outside of scheduled audit hours.**
2. **Review Audit Plan:** Check for any follow-up/changes, review any N/A and justifications for clarification in Client Contact or On-site at Audit & anything for consideration when creating schedule.	
3. **Registration Assessment Plan:** Review for considerations in schedule creation, Client Contact and any changes that need noted.	
4. **On-Going Surveillance Plan:** Review for schedule creation and client contact; include any needed changes due to previous audit results, scope changes, buildings, etc.	
5. **Last Audit Report Review**: Look for trends, focus for next audit, and results for consideration in audit schedule creation. Any corporate reports from other locations needed/reviewed?	
6. **Website Review**: including appropriate usage of marketing, logos; claims of guarantees; inclusion of certified version (9001:2015); and reference to certification and any scoping concerns for products, buildings, design, locations, etc.; correct certificate is posted on website.	
7. **Client Contact:** A call to introduce yourself, verify/clarify anything noted above, verify any hotel or other travel considerations. An email can be utilized, but a **call is best practice** especially if new to a site or client.	
8. **Communication with Team:** If a team audit, contact with team. Travel plan, meeting up, etc.	
9. **Schedule:** Created and Sent using planning done above.	

NOTES:
"Off-Site" time allocated to pre-audit review of client history, schedule preparation, and Zoom testing. DB

EAGLE Registrations Inc. Service-Integrity-Value			F Audit Schedule and Notification		
DATE:	December 28, 2020	CONTACT:	Andy Doraiswamy	E-MAIL:	andy@koyainc.com
TO:	Koya Inc	LOCATION:	Oakland, CA	SUBJECT:	Audit Schedule
PHONE:	415-851-0337	CC:	Evan Thomas	PAGES:	Page 1 of (1)
FROM:	Dan Brown	TYPE:	Surveillance Audit	STANDARD:	ISO 13485:2015
PPE:	None	EIC:	03 - Active, non-implantable General Medical Devices		
OBJECTIVES:	Determination of conformity of the client's management system with audit criteria: determination of the ability to meet statutory, regulatory, and contractual requirements; determination of the ability to ensure organization is continually meeting specified objectives; and areas of potential improvement of management system				
SCOPE:	Design, development and manufacture of active, external compression devices and devices for wound care				

This is to confirm the dates scheduled for your **ISO 13485:2016** Audit. This audit has been scheduled per the attached Audit Plan. The visit will include a review of the effective implementation of the prior NCR's. Please present each finding, its solution and evidence of its closure. The recertification audit will last **1.5 audit days total** this includes 2.0 hours for the remote audit and 0.5 hours for the relocation assessment. The audit will be conducted using the process audit approach, and all times are approximate. I would appreciate a lunch on site to make better use of time.

The audit team will consist of the following EAGLE auditors:

Dan Brown: Lead Auditor; ISO 17021, Non Accredited; Notified Body EN/ISO 13485:2016; ISO 9001:2015, ISO 13485:2016, ISO 15378:2017, ISO 22000; EIC Codes: US Citizen, 03, 04, 09, 12, 13, 14a, 14b, 17b, 17c, 18, 19a, 19b, 23, 29, 31, 35; MED Codes: 01, 01A, 01B, 01C, 02, 03, 03B, 05, 06, 06B, 08A, 08B, 08C, 08E, 08F, 08G

Status/Additional Verification of 0/0 Prior Non-Conformities for Effectiveness

# of shifts 1 and times 8am-5pm

Are all shifts planned to be audited: **YES**	Justification: **ONE SHIFT**

TIME		ACTIVITY / PROCESSES NOTE THIS AUDIT IS A 100% ICT REMOTE ACTIVITY	AUDITOR	HRS
Monday, January 11, 2021 @ 8:30 am				
8:30	8:45	Opening Meeting, Status of Manual & System, Use of EAGLE logo/ANAB mark	All	0.25
8:45	9:00	Review of the Closure of Prior Non-Conformities, Audit Plan Validation	Dan Brown	0.25
9:00	9:30	Tour of New Facility	Dan Brown	0.50
9:30	10:30	**Management Responsibility** (4.1-6.1) includes: Regulatory Compliance, Management Review, Complaints	Dan Brown	1.00
10:30	11:30	**Measurement, Analysis and Improvement Processes** (8.1-8.5) includes: Internal Audits, Corrective Actions, Preventive Actions	Dan Brown	1.00
11:30	12:00	**510k Review & Product Status**	Dan Brown	0.50
12:00	12:30	Working Lunch, staff interviews, a.m. notes review, p.m. documents review	Dan Brown	0.50
12:30	4:00	**Product Realization** (7.3, 7.5) focus on design controls, manufacturing controls, and validation of the design, process, and software.	Dan Brown	3.50
4:00	4:30	Daily Debrief	All	0.50
Tuesday, January 12, 2021 @ 8:30 am				
8:00	10:00	**Product Realization** (7.4)	Dan Brown	2.00
10:00	11:00	**Resource Management** (4.2, 6.2-6.4, 7.6)	Dan Brown	1.00
11:00	11:30	Notes Review, Audit Trails, Report Summary, Closing Meeting Preparation	Dan Brown	0.50
11:30	12:00	Closing Meeting	All	0.50
AUDIT TIME TOTAL			**2.0 days (16 hrs)**	

EAGLE Registrations Inc. Service-Integrity-Value	G Registration Assessment Plan
Customer/Location:	Koya Inc./ Oakland, CA

PROCESS TO BE AUDITED															
ISO 13485 QUALITY SYSTEM REQUIREMENTS Standard(s) – Year: ISO 13485:2016 "P" for primary. Evidence must be presented on the Supplemental Note Form for P items being audited. Blank = No or insignificantly relevant area for this requirement. **Note: Please note that several new requirements have come from the 2016 revision which are documented in the subsections. Consider this when auditing requirements and clauses in relation to key processes.**	Management Responsibility	Resource Management	Product Realization	Measurement, Analysis, & Improvement											
4.1 QMS General Requirements	P														
4.2 QMS Documentation Requirements	P														
5.1 Management Commitment	P														
5.2 Customer Focus	P														
5.3 Quality Policy	P														
5.4 Planning	P														
5.5 Responsibility, Authority & Communication	P														
5.6 Management Review	P														
6.1 Provision of Resources		P													
6.2 Human Resources		P													
6.3 Infrastructure		P													
6.4 Work Environment		P													
7.1 Planning of Product Realization			P												
7.2 Customer-Related Processes			P												
7.3 Design & Development			P												
7.4 Purchasing			P												
7.5 Production & Service Provision			P												
7.6 Control of Monitoring & Measuring Devices			P												
8.1 Measurement, Analysis & Improvement General				P											
8.2 Monitoring and measurement				P											
8.3 Control of Nonconforming Product				P											
8.4 Analysis of Data				P											
8.5 Improvement				P											

EAGLE Registrations Inc. Service-Integrity-Value		G ON-GOING SURVEILLANCE PLAN Page 1											
Customer/Location:	Koya Inc./Oakland, CA, US						Date:	January 11-12, 2021					
	DATE, TYPE OF AUDIT, AND AUDITOR FOR VISIT												
Processes to be evaluated at least once every 3 years. Note: "X" means process was assessed and blank means it was not. **This shall also be used to track audit planning for buildings if applicable (multi-location sites)** **ANY CERT STRUCTURE THAT HAS MULTIPLE BLDGS, PLEASE CALL OUT BLDGS/PROCESSES BELOW AS APPROPRIATE** LIST PROCESSES FROM REG. PLAN HERE	RA January 2020	SA January 2021	SA 2022				RE 2023						
Management Responsibility	X	X	X				X						
Resource Management	X	X	X				X						
Product Realization	X	X	X				X						
Measurement, Analysis & Improvement	X	X	X				X						
ADDITIONAL ADDRESS (BUILDING) # N/A													
ADDITIONAL ADDRESS (BUILDING) # N/A													
ADDITIONAL ADDRESS (BUILDING) # N/A													
1ST SHIFT (8:00am - 5:00pm)	X	X	X				X						
2ND SHIFT (N/A)													
3RD SHIFT (N/A)													
WEEKEND SHIFT (N/A)													

EAGLE Registrations Inc. Service-Integrity-Value	G ON-GOING SURVEILLANCE PLAN Page 2
Customer/Location: Koya Inc./ Oakland, CA	Date: January 11-12, 2021

NOTE: "X" means process was assessed and blank means it was not.

NOTE: Major non-conformities are listed top, and minor on bottom of each Cell in summary of NCRs column — M / m

	RA January 2020	Summary of NCRs	SA January 2021	Summary of NCRs	SA 2022	Summary of NCRs	RE 2023	Summary of NCRs						
4.1 General Requirements	X		X		X		X							
4.2 Documentation Requirements	X		X		X		X							
5.1 Management Commitment	X		X		X		X							
5.2 Customer Focus	X		X		X		X							
5.3 Quality Policy	X		X		X		X							
5.4 Planning	X		X		X		X							
5.5 Responsibility, Authority & Communication	X		X		X		X							
5.6 Management Review	X		X		X		X							
6.1 Provision of Resources	X		X		X		X							
6.2 Human Resources	X		X		X		X							
6.3 Infrastructure	X		X		X		X							
6.4 Work Environment	X		X		X		X							
7.1 Planning of Product Realization	X		X		X		X							
7.2 Customer-Related Processes	X		X		X		X							
7.3 Design & Development	X		X		X		X							
7.4 Purchasing	X		X		X		X							
7.5 Production & Service Provision	X		X		X		X							
7.6 Control of Monitoring & Measuring Devices	X		X		X		X							
8.1 Measurement, Analysis & Improvement General	X		X		X		X							
8.2 Monitoring and measurement	X		X		X		X							
8.3 Control of Nonconforming Product	X		X		X		X							
8.4 Analysis of Data	X		X		X		X							
8.5 Improvement	X		X		X		X							
Total NCRs		0/0		0/0										

EAGLE Registrations Inc. Service-Integrity-Value		G Audit Plan	
Customer/Location:	Koya Inc., Oakland		
Standard:	ISO 13485:2016	Certificate Expiration:	03/05/23
Certificate Cycle:	12 Month	Employees at time of calculation:	4

Audit Type	Due Date	Days	Start Date	End Date
Document Review	Sep 30 2019	0.50	Sep 15 2019	Sep 15 2019
Readiness Visit (RV/ RR)	Oct 30 2019	1.00	Sep 30 2019	Sep 30 2019
Registration Audit (RA)	Feb 1 2020	2.00	Jan 23 2020	Jan 24 2020
Surveillance (SA)	Feb 1 2021	1.50	Jan 11 2021	Jan 12 2021
Surveillance (SA)	Feb 1 2022	1.50		
Recertification (RE)	Feb 1 2023	2.50		

Justification

Date	Adjustment	Justification Statement
08/05/2019	MED-System covers high complex processes or relatively high number of unique activities	time added for risk of MED 03 technical area

Auditor Validation: **MED03 presumes a higher risk as a device under power, however this device is battery operated, not plugged in and is worn for about 1 hour at a time. Medium risk is appropriate. Time shouldn't be added for risk, but the audit time is appropriate to ensure effective auditing.**

Changes/Follow-up and other miscellaneous Verifications

Date Initiated	Follow Up	Date Closed by Office
	None	

Auditor Validation (If Closed above no Validation is required:

Date initiated	Follow Up	Date Closed by Office

Auditor Validation (If Closed above no Validation is required:

To ensure all product types/technical areas are captured in each report, please list products and EIC code/Tech area: This should align with EIC codes on page 1 of report and Audit Plan info to be kept current in Justifications.

Product Listing	EIC Code/Technical Area
Automated, ambulatory lymphedema control device	**MED03 Active General Medical Device**

Non-Applicable Clauses	
Date	Non-Application
Sep 30 2019	MED – 6.4.2 – Applicability Exc: Contamination Control
Auditor Validation: **Company produces a garment-style device to be worn temporarily. There is no contamination control criteria.**	
Date	Non-Application
Sep 30 2019	MED16 - 7.5.2 - Applicability Exc: Cleanliness of Product
Auditor Validation: **Company produces a garment-style device to be worn temporarily. There is no cleanliness criteria beyond general garment care.**	
Date	Non-Application
Sep 30 2019	MED16 - 7.5.3 - Applicability Exc: Installation activities
Auditor Validation: **Company produces a garment-style device to be worn temporarily. There is nothing installable.**	
Date	Non-Application
Sep 30 2019	MED16 - 7.5.4 - Applicability Exc: Servicing activities
Auditor Validation: **Company produces a garment-style device to be worn temporarily. There is no servicing requirements.**	
Date	Non-Application
Sep 30 2019	MED16 - 7.5.5 - Applicability Exc: Particular requirements for sterile medical devices
Auditor Validation: **Company produces a garment-style device to be worn temporarily. The product is not sterile.**	
Date	Non-Application
Sep 30 2019	MED16 - 7.5.7 - Applicability Exc: Particular requirements for validation processes for sterilization and sterile barrier systems
Auditor Validation: **Company produces a garment-style device to be worn temporarily. The product is not sterile.**	
Date	Non-Application
Jul 19 2018	MED16 - 7.5.9.2 - Applicability Exc: Particular requirements for implantable medical devices
Auditor Validation: **Company produces a garment-style device to be worn temporarily. The product is not implantable.**	
Date	Non-Application
Jul 19 2018	MED16 – 7.5.10 - Applicability Exc: Customer Property
Auditor Validation: **Company produces a garment-style device to be worn temporarily. There is no customer property.**	
Date	Non-Application
Jul 19 2018	MED16 - 7.5.11 - Applicability Exc: Preservation of Product
Auditor Validation: **Company produces a garment-style device to be worn temporarily. There is no special preservation criteria.**	

EAGLE Registrations Inc. Service-Integrity-Value		H Non-Conformity Report	
Customer Name:	Koya Inc.	Date:	January 11-12, 2021
EAGLE Auditor:	Dan Brown	Auditor Initials-Number:	DJB -
Customer Escort:	Andy Doraiswamy	Non-Conformity Number:	SA -
Location of Non-Conformity / Process:	Oakland, CA/	Previously Written-up: If yes, explain below:	☐ Yes ☐ No
NON-CONFORMITY WRITTEN BY EAGLE AUDITOR:			
Classified by EAGLE Assessment Team as:	☐ Major ☐ Minor ☐ Opportunity for Improvement		
Requirement: ISO 13485 Clause			
Write out clause statement here:			
Finding: **There were no nonconformances determined at this audit.**			
Objective Evidence:			
Customer Acknowledgement / Signature:			
NOTE: Correction, Root Cause, Plan and Evidence are due per EMIS due dates. Follow-Up will occur. Submit all responses into EMIS per WI 214.			

EAGLE Registrations Inc. Service-Integrity-Value	I Pre-Audit Review Notes
CUSTOMER NAME/LOCATION:	Koya Inc./ 2461 Peralta St, Oakland, CA US 94103
AUDITOR NAME:	Dan Brown
DATE:	January 11-12, 2021
KEY PROCESS:	Pre Audit Review of FDA Website/Client Website

NOTES:

Please document your review of FDA Website and Client website to determine applicability of GMPS, including Design Controls Subpart C for Class II or III devices. This can be checked against Justification Notes on the Audit Plan Document.

www.fda.gov/medicaldevices/default.htm

Go to "Tools and Resources" block and click "Device Registration and Listing"

Click SEARCH Device Registration and Listing

Click Search the Registration and Listing database

Then you can enter organization name

At the time of the registration audit, this product was in development stages and no regulatory approval to market had yet been submitted. At the time of this surveillance, the 510k a=has been submitted and approved (attached with a copy of the facility and device registration).

Product is FDA Class 2 active, non-sterile, non-implantable

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or Business Trade Name :** *Koya*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
KOYA MEDICAL, INC.[9]	CA/USA	3017424826	2021
• Sleeve, Limb, Compressible - Koya Dayspring[10]			Manufacturer; Complaint File Establishment

Can't find what you're looking for? Try a new search[11]

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6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=Koya®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=Koya®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=279050
10. ./rl.cfm?lid=700193&lpcd=JOW
11. ./rl.cfm

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

FDA

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Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
KOYA MEDICAL, INC.
2461 Peralta St.
Oakland , CA 94607
Registration Number: 3017424826
FEI Number*: 3017424826
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
Koya Medical, Inc.[6]
2461 Peralta St.
Oakland, CA US 94607
Owner/Operator Number: 10077824[7]

Official Correspondent:
Andy Doraiswamy
2461 Peralta St.
Oakland, CA 94607
Phone: 1-404-5797682

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10077824&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10077824&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

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Establishment Registration & Device Listing

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Proprietary Name:	Koya Dayspring
Classification Name:	SLEEVE, LIMB, COMPRESSIBLE
Product Code:	JOW[6]
Device Class:	2
Regulation Number:	870.5800[7]
Medical Specialty:	Cardiovascular
Registered Establishment Name:	KOYA MEDICAL, INC.[8]
Registered Establishment Number:	3017424826
Premarket Submission Number:	K193288[9]
Owner/Operator:	Koya Medical, Inc.[10]
Owner/Operator Number:	10077824
Establishment Operations:	Manufacturer; Complaint File Establishment

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6. /scripts/cdrh/cfdocs/cfPCD/classification.cfm?ID=861
7. /scripts/cdrh/cfdocs/cfCFR/CFRsearch.cfm?FR=870.5800
8. /scripts/cdrh/cfdocs/cfRL/rl.cfm?rid=279050
9. /scripts/cdrh/cfdocs/cfpmn/pmn.cfm?id=K193288
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Product Classification

New Search Back to Search Results

Device	Sleeve, Limb, Compressible
Regulation Description	Compressible limb sleeve.
Regulation Medical Specialty	Cardiovascular
Review Panel	Cardiovascular
Product Code	JOW
Premarket Review	Circulatory Support, Structural and Vascular Devices[6] (DHT2B) Circulatory Support, Structural and Vascular Devices (DHT2B)
Submission Type	510(k)
Regulation Number	870.5800[7]
Device Class	2
Total Product Life Cycle (TPLC)	TPLC Product Code Report[8]
GMP Exempt?	No
Summary Malfunction Reporting	Eligible
Implanted Device?	No
Life-Sustain/Support Device?	No

Third Party Review

- Eligible for *Accredited Persons Program*[9]

Accredited Persons

- Accelerated Device Approval Services[10]
- Biomarkers And Diagnostics Consulting, Llc[11]
- Regulatory Technology Services, Llc[12]
- Third Party Review Group, Llc[13]

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6. https://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CDRH/CDRHOffices/ucm127854.htm#DHT2B
7. /scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=870.5800
8. /scripts/cdrh/cfdocs/cfTPLC/tplc.cfm?id=861
9. https://www.fda.gov/medicaldevices/deviceregulationandguidance/howtomarketyourdevice/premarketsubmissions/thirdparyreview/default.htm

FDA

TPLC - Total Product Life Cycle

New Search show TPLC since 2016 Back to Search Results

Device	Sleeve, Limb, Compressible
Regulation Description	Compressible limb sleeve.
Product Code	JOW
Regulation Number	870.5800[22]
Device Class	2

Premarket Reviews

Manufacturer	Decision	
ARJOHUNTLEIGH AB	SUBSTANTIALLY EQUIVALENT[23]	1
B & J MANUFACTURING LTD.	SUBSTANTIALLY EQUIVALENT[24]	2
BIO COMPRESSION SYSTEMS, INC	SUBSTANTIALLY EQUIVALENT[25]	2
BIO COMPRESSION SYSTEMS, INC.	SUBSTANTIALLY EQUIVALENT[26]	2
CAREMED SUPPLY INC.	SUBSTANTIALLY EQUIVALENT[27]	1
COVIDIEN	SUBSTANTIALLY EQUIVALENT[28]	3
DAESUNG MAREF CO., LTD.	SUBSTANTIALLY EQUIVALENT[29]	1
DEVON MEDICAL INC	SUBSTANTIALLY EQUIVALENT[30]	1
DEVON MEDICAL PRODUCTS (JIANGSU) LTD	SUBSTANTIALLY EQUIVALENT[31]	3
INNOVAMED HEALTH, LLC	SUBSTANTIALLY EQUIVALENT[32]	1
INOVA LABS	SUBSTANTIALLY EQUIVALENT[33]	1
MEDI USA, LP	SUBSTANTIALLY EQUIVALENT[34]	1
MEDICAL COMPRESSION SYSTEMS (DBN) LTD.	SUBSTANTIALLY EQUIVALENT[35]	1
MEDLINE	SUBSTANTIALLY EQUIVALENT[36]	1
MEDLINE INDUSTRIES, INC.	SUBSTANTIALLY EQUIVALENT[37]	1
NORMATEC INDUSTRIES, LP		

	SUBSTANTIALLY EQUIVALENT[38]	2
RECOVERY FORCE LLC		
	SUBSTANTIALLY EQUIVALENT[39]	1

MDR Year	MDR Reports	MDR Events
2016[40]	149	149
2017[41]	149	149
2018[42]	114	114
2019[43]	102	102
2020[44]	50	50

Device Problems	MDRs with this Device Problem	Events in those MDRs
Power Cord[45]	68	68
Break[46]	64	64
Overheating of Device[47]	54	54
Wire[48]	52	52
Temperature Problem[49]	48	48
Adverse Event Without Identified Device or Use Problem[50]	44	44
Cut In Material[51]	42	42
Thermal Decomposition of Device[52]	40	40
Electrical /Electronic Property Problem[53]	39	39
Split[54]	39	39
Scratched Material[55]	27	27
Material Frayed[56]	25	25
Improper Flow or Infusion[57]	22	22
Power Problem[58]	20	20
Unit[59]	19	19
Infusion or Flow Problem[60]	18	18
Sparking[61]	16	16
Insufficient Information[62]	16	16
Electrical Wire[63]	14	14
Appropriate Term/Code Not Available[64]	13	13
Use of Device Problem[65]	11	11
Device Operates Differently Than Expected[66]	9	9
Electrical Power Problem[67]	9	9
Fire[68]	8	8
Cable, Electrical[69]	7	7
Material Protrusion/Extrusion[70]	7	7
Noise, Audible[71]	6	6
Mechanical Problem[72]	6	6
Device Emits Odor[73]	6	6
Smoking[74]	6	6
Failure to Power Up[75]	5	5
Leak/Splash[76]	5	5
Device Displays Incorrect Message[77]	5	5
Improper or Incorrect Procedure or Method[78]	4	4
Electrical Shorting[79]	4	4
Disconnection[80]	4	4
Arcing[81]	4	4

Inflation Problem[82]	4	4
Display[83]	3	3
Component Missing[84]	3	3
Power Switch[85]	3	3
Deflation Problem[86]	3	3
Device Damaged by Another Device[87]	3	3
Detachment of Device or Device Component[88]	3	3
Pressure Problem[89]	3	3
Detachment Of Device Component[90]	3	3
Plug[91]	2	2
Connector[92]	2	2
Electro-Static Discharge[93]	2	2
Loose or Intermittent Connection[94]	2	2
Pin[95]	2	2
Inadequacy of Device Shape and/or Size[96]	2	2
Flare or Flash[97]	2	2
Physical Property Issue[98]	2	2
Pumping Problem[99]	2	2
Patient Device Interaction Problem[100]	2	2
No Display/Image[101]	2	2
Charred[102]	2	2
Crack[103]	2	2
Tube[104]	2	2
Cord[105]	2	2
Air Leak[106]	2	2
Defective Device[107]	2	2
Melted[108]	2	2
Loss of Power[109]	1	1
Hole In Material[110]	1	1
Shielding Failure[111]	1	1
Device Slipped[112]	1	1
Bent[113]	1	1
Failure To Run On AC/DC[114]	1	1
Controller[115]	1	1
Manifold[116]	1	1
Failure to Charge[117]	1	1
Display or Visual Feedback Problem[118]	1	1
Degraded[119]	1	1
Material Split, Cut or Torn[120]	1	1
Device Handling Problem[121]	1	1
Therapeutic or Diagnostic Output Failure[122]	1	1
Torn Material[123]	1	1
Hose[124]	1	1
Device Dislodged or Dislocated[125]	1	1
Patient-Device Incompatibility[126]	1	1
Delamination[127]	1	1
Patient Lead[128]	1	1
Data Problem[129]	1	1

Screen[130]	1	1
Device Alarm System[131]	1	1
Fail-Safe Design Failure[132]	1	1
Misassembled[133]	1	1
Misconnection[134]	1	1
Increase in Pressure[135]	1	1
Therapy Delivered to Incorrect Body Area[136]	1	1
Device Damaged Prior to Use[137]	1	1
Tear, Rip or Hole in Device Packaging[138]	1	1
Malposition of Device[139]	1	1
Charging Problem[140]	1	1
Device-Device Incompatibility[141]	1	1
IC (Integrated Circuit) Chip[142]	1	1
Motor(s)[143]	1	1
Port[144]	1	1

Patient Problems	MDRs with this Patient Problem	Events in those MDRs
No Known Impact Or Consequence To Patient[145]	170	170
No Patient Involvement[146]	113	113
No Consequences Or Impact To Patient[147]	105	105
No Information[148]	74	74
Thrombosis[149]	17	17
Injury[150]	10	10
Swelling[151]	8	8
Pressure Sores[152]	7	7
Cellulitis[153]	7	7
Pain[154]	6	6
Skin Discoloration[155]	6	6
Erythema[156]	6	6
Bruise/Contusion[157]	5	5
Electric Shock[158]	5	5
Discomfort[159]	4	4
Nerve Damage[160]	4	4
Pulmonary Embolism[161]	4	4
Fall[162]	3	3
Rash[163]	3	3
Skin Irritation[164]	3	3
No Clinical Signs, Symptoms or Conditions[165]	3	3
Edema[166]	3	3
Reaction[167]	3	3
Tissue Damage[168]	3	3
Bone Fracture(s)[169]	2	2
Hyperemia[170]	2	2
Unspecified Infection[171]	2	2
Itching Sensation[172]	2	2
Insufficient Information[173]	2	2
Numbness[174]	2	2
Burn(s)[175]	2	2

Cyanosis[176]	1	1
Dyspnea[177]	1	1
Wound Dehiscence[178]	1	1
Hematoma[179]	1	1
Skin Inflammation[180]	1	1
Sweating[181]	1	1
Skin Tears[182]	1	1
Sleep Dysfunction[183]	1	1
Sprain[184]	1	1
Thrombus[185]	1	1
Fracture, Arm[186]	1	1
Laceration(s)[187]	1	1
Stroke/CVA[188]	1	1
Infarction, Cerebral[189]	1	1
Contusion[190]	1	1
Death[191]	1	1
Embolism[192]	1	1
Peripheral Vascular Disease[193]	1	1
Pulmonary Edema[194]	1	1
Local Reaction[195]	1	1
Weakness[196]	1	1
Peroneal Nerve Palsy[197]	1	1
Impaired Healing[198]	1	1
Post Operative Wound Infection[199]	1	1
Shaking/Tremors[200]	1	1
Vascular System (Circulation), Impaired[201]	1	1
No Code Available[202]	1	1
Alteration In Body Temperature[203]	1	1
Patient Problem/Medical Problem[204]	1	1
Not Applicable[205]	1	1

Recalls

Manufacturer	Recall Class	Date Posted
1 Arjo, Inc. dba ArjoHuntleigh[206]	II	Jun-26-2017
2 COVIDIEN LLC[207]	II	Mar-22-2019
3 Compass Health Brands (Corporate Office)[208]	II	May-15-2019
4 DJO, LLC[209]	II	Jul-18-2019
5 Stryker Sustainability Solutions[210]	II	Dec-21-2017

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2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/MedicalDevices/default.htm
5. https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Databases/default.htm
6. /scripts/cdrh/devicesatfda/index.cfm

U.S. FOOD & DRUG ADMINISTRATION

June 16, 2020

Koya, Inc.
% Robert Packard
President
Medical Device Academy, Inc.
345 Lincoln Hill Road
Shrewsbury, Vermont 05738

Re: K193288
Trade/Device Name: Koya Dayspring
Regulation Number: 21 CFR 870.5800
Regulation Name: Compressible Limb Sleeve
Regulatory Class: Class II
Product Code: JOW
Dated: May 19, 2020
Received: May 19, 2020

Dear Robert Packard:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's

requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

for Fernando Aguel
Assistant Director
DHT2B: Division of Circulatory Support,
Structural and Vascular Devices
OHT2: Office of Cardiovascular Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120
Expiration Date: 06/30/2020
See PRA Statement below.

510(k) Number *(if known)*
K193288

Device Name
Koya Dayspring

Indications for Use *(Describe)*
The Koya Dayspring system is a prescription only wearable compression system that is intended for use in a clinic or home setting by medical professionals and patients who are under medical supervision for the treatment of the following:

- Lymphedema
- Primary lymphedema
- Post mastectomy edema
- Edema following trauma and sports injuries
- Post immobilization edema
- Venous insufficiency
- Reducing wound healing time

The Koya Dayspring system is developed on a wearable compression technology platform, which is designed to provide mobility for patients.

Type of Use *(Select one or both, as applicable)*

☒ Prescription Use (Part 21 CFR 801 Subpart D) ☐ Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

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Food and Drug Administration
Office of Chief Information Officer
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PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

K193288 – 510(k) SUMMARY

This summary of 510(k) safety and effectiveness information is submitted in accordance with the requirements of 21 CFR §807.92:

I. SUBMITTER

Koya, Inc.
357 Tehama St., Suite 1
San Francisco, CA, 94103 USA
+1.415.851.0337
Fax: N/A
Contact Person: Andy Doraiswamy, PhD
Date Prepared: February 21, 2020

II. DEVICE

Name of Device:	Koya Dayspring™
Classification Name:	Compressible Limb Sleeve
Regulation:	21 CFR § 870.5800
Regulatory Class:	Class II
Product Classification Code:	JOW

III. PREDICATE DEVICE

Predicate Manufacturer:	Tactile Systems Technology, Inc. (dba Tactile Medical)
Predicate Trade Name:	Flexitouch Plus System, Model PD32-G3
Predicate 510(k):	K170216
Reference Device:	K162481

IV. DEVICE DESCRIPTION

The Koya Dayspring™ system is powered by an active smart compression technology that is calibrated, instant-acting, and silent. This technology uses a Nickel Titanium (Ni-Ti) shape-memory alloy programmed by a controller system. A disposable stockinette is worn as an accessory under the device to prevent direct patient contact with the device. The device is wrapped around the patient's arm so that the device fits snugly. The device has up to 16 independently controlled sections in each arm. The controller can be programmed to provide sequential compression therapy to the affected area over a range of 0-100 mmHg. The device is powered by a rechargeable Lithium-ion battery pack. The device was developed to provide patients with untethered access and a functional range of motion and mobility while treating chronic lymphedema.

V. INDICATIONS FOR USE

The Koya Dayspring system is a prescription only wearable compression system that is intended for use in a clinic or home setting by medical professionals and patients who are under medical supervision for the treatment of the following:

- Lymphedema
- Primary lymphedema
- Post mastectomy edema
- Edema following trauma and sports injuries

- Post immobilization edema
- Venous insufficiency
- Reducing wound healing time

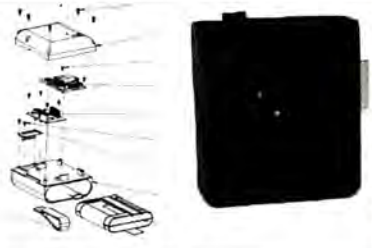
The system is developed on a wearable compression technology platform, which is designed to provide mobility for patients.

VI. COMPARISON OF TECHNOLOGICAL CHARACTERISTICS WITH THE PREDICATE DEVCE

A reference device, K162481, was provided to address the concern that the subject device is using a different principle of operation (i.e., shape-memory materials) when compared to the predicate device (i.e., air pressure). The reference device identified uses the same principle as the subject device.

The following characteristics were compared between the subject device and the predicate device in order to demonstrate substantial equivalence:

Feature	Subject Device (K193288)	Predicate Device (K170216)
Indications for Use	The Koya Dayspring system is a prescription only wearable compression system that is intended for use in a clinic or home setting by medical professionals and patients who are under medical supervision for the treatment of the following: • Lymphedema • Primary lymphedema • Post mastectomy edema • Edema following trauma and sports injuries • Post immobilization edema • Venous insufficiency • Reducing wound healing time The Koya Dayspring system is developed on a wearable compression technology platform, which is designed to provide mobility for patients.	The Flexitouch Plus System and garments for legs, arms, trunk, and chest are intended for use by medical professionals and patients who are under medical supervision, for the treatment of many conditions such as: • Lymphedema • Primary lymphedema • Post mastectomy edema • Edema following trauma and sports injuries • Post immobilization edema • Venous insufficiency • Reducing wound healing time • Treatment and assistance in healing stasis dermatitis, venous stasis ulcers, or arterial and diabetic leg ulcers The Flexitouch Plus System and garments for the head and neck are intended for use by medical professionals and patients who are under medical supervision for the treatment of head and

		neck lymphedema.
Electrical Requirements	Rechargeable Li-ion Battery Pack, with 1.7A input from 100-240 VAC 50/60 Hz to AC Adapter, with output voltage of 19.0V DC and 3.4A	100-240 VAC 50/60 Hz to AC Adapter with output voltage of 12.0V DC and 3.0A
Output	Sequential calibrated gradient Pressure	Sequential calibrated gradient Pressure
Mechanism of Action	Exertion of sequential pressure to affected area	Exertion of sequential pressure to affected area
Principles of Operation	Lithium-ion battery powered integrated shape memory alloy channels creating compressive pressure	Electrically powered integrated pneumatic air channels creating compressive pressure
Device Total Pressure Range	0-100 mmHg	0-100 mmHg
Controller Unit		
Controller unit size and weight	3.3" x 3.6" x 0.8" 3 lbs	8"x10"x8" 6.2 lbs
Controller Enclosure Material	All plastic construction	All plastic construction
User Interface	Pushbuttons. Also available is Bluetooth Low Energy (BLE) Module for communication with mobile application on mobile device	Pushbuttons Mobile application or BLE not available
Mechanism of Action	Exertion of sequential pressure to affected area	Exertion of sequential pressure to affected area
Software/Hardware	Analog and digital electronic with microprocessor	Analog and digital electronic with microprocessor

Garment		
Garment Material	Nylon fabric with velcro straps	Nylon fabric with velcro straps
Stockinette	Class I biocompatibile liner provided with the unit	Class I biocompatibile liner provided with the unit
Chambers/Sections	Up to 16 chambers for the extremity Short: 12 Medium: 14 Long: 16	Up to 16 chambers for the extremity Short: 12 Medium: 14 Long: 16

VII. PERFORMANCE DATA

The following performance data were provided in support of the substantial equivalence determination.

Sterilization & Shelf-life Testing

Device is non-sterile, and components are unlikely to deteriorate with age with the exception of Li-ion battery. Battery shelf-life and charge/discharge testing data was provided.

Biocompatibility Testing

The patient contacting portion of the device is the stockinette liner which is a biocompatible, Class 1 device that is marketed in the USA. Since the material comes in contact with intact skin with an exposure duration of less than 24 hours, it was tested to ensure the safety using cytotoxicity study (ISO 10993-5), sensitization study (ISO 10993-10), and irritation study (ISO 10993-10). All results were found to be acceptable and the material found to safe for the intended use.

Electrical safety and electromagnetic compatibility (EMC)

Electrical safety and EMC testing included:

- ANSI AAMI ES60601-1:2005/(R)2012 And A1:2012,
- IEC 60601-1-2 Ed. 4.0
- IEC 60601-1-11 Ed. 2.0
- IEC 62133-2 Ed. 1.0

Software Verification and Validation Testing
Software verification and validation testing was performed in accordance with IEC 62304 Ed. 1.1. Additional software verification and validation testing was conducted and documentation was provided as recommended by the following FDA Guidance documents for Industry and FDA Staff:

- Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices
- Guidance for Industry, FDA Reviewers and Compliance on Off-The-Shelf Software Use in Medical Devices
- Guidance for Industry and Food and Drug Administration Staff Content of Premarket Submissions for Management of Cybersecurity in Medical Devices
- Guidance for Industry, FDA Reviewers and Compliance on Postmarket Management of Cybersecurity in Medical Devices

Mechanical and acoustic Testing
A benchtop mechanical testing study was performed to compare the pressure applied by the subject device with the pressure applied by the predicate device. Additionally, transport shipping testing was conducted in accordance with ASTM D4169.

Animal Study
Animal performance testing was not required to demonstrate safety and effectiveness of the device.

Clinical Studies
Clinical testing was not required to demonstrate the safety and effectiveness of the Koya Dayspring™ system. Instead, substantial equivalence is based upon benchtop performance testing.

VIII. CONCLUSIONS

The data included in this submission demonstrates that the Koya Dayspring™ is substantially equivalent to the legally marketed predicate device, Flexitouch Plus® PD32-G3 (K170216).

EAGLE Registrations Inc. Service-Integrity-Value	J ICT Remote Process Audit Notes
CUSTOMER NAME/LOCATION:	Koya Inc./Oakland, CA
AUDITOR NAME / DATE:	Dan Brown / January 11-12, 2021
KEY PROCESS:	TOUR OF NEW FACILITY
CLAUSE(S)	NA
INDIVIDUALS INTERVIEWED / PROCESS OWNER(S)	CONNOR

NOTES:

510k APPROVED
EXPECTED MARKET LAUNCH - MID MARCH 2021
SOME COMPONENTS WILL BE OUTSOURCED, BUT ALL FINAL ASSY WILL BE AT OAKLAND FACILITY.

REVIEWED SPACE - OPEN OFFICE AREA, UNOCCUPIED MEZZANINE SPACE, R&D SPACE, SHIPPING & RECEIVING, MANUFACTURING, QUARANTINE (CAGED RACK).
NOAT & ORDERLY AT PRESENT, EXCELLENT JOB FLOW

CUSTOM & OFF-THE-SHELF EQUIPMENT
EQUIPMENT QUALIFICATION ~50% COMPLETE
PRODUCTION PROCESS QUALIFICATION ~5% COMPLETE
IN PROCESS OF QUALIFYING TOOL SUPPLIERS

NO RECALLS, NO ADVISORY NOTICES, NO ADVERSE EVENTS.
NO INSPECTIONS
510K APPROVED 6/16/2020 # K193248 KOYA DAYSPRING
- NO FINISHED GOODS YET PRODUCED FOR SALE

QUALITY MANUAL QM002 REV D ECN 10071
- UPDATED ADDRESS ONLY

(1)

EAGLE Registrations Inc. Service-Integrity-Value	J ICT Remote Process Audit Notes
CUSTOMER NAME/LOCATION:	Koya Inc./Oakland, CA
AUDITOR NAME / DATE:	Dan Brown / January 11-12, 2021
KEY PROCESS:	MANAGEMENT RESPONSIBILITY
CLAUSE(S)	4.1-6.1
INDIVIDUALS INTERVIEWED / PROCESS OWNER(S)	ANDY, SUSAN

NOTES:

MANAGEMENT REVIEW QP003 REV B ECN 10011 -8/31/19
LAST M.R. 1/6/2021 → HOLD ANNUALLY, "ALL HANDS"

- DETAILS IN POWERPOINT (48 SLIDES)
- VERIFIED AGENDA COVERS ALL REQ'D INPUTS + OUTPUTS PLUS ADDITIONAL TOPICS PER C.O.D.
- REVIEW OF PREVIOUS ACTION ITEMS
- VERIFIED QUALITY POLICY CONTINUES TO FULFILL ISO 13485 REQUIREMENTS WHILE MEETING THE NEEDS OF KOYA.
- QUALITY OBJECTIVES
  - QP TRAINING ≥ 90% GG'S TRAINED → 100%
  - ~~5~~ 28 INTERNAL AUDIT ≤ 5 MAJOR FINDING./AUDIT → 0 MAJOR, 2 MINOR
  - COMPLAINT RATE ≤ 15% → 3 INVOICE COMPLAINTS
  - COMPLAINT CLOSURE ≤ 30 DAYS → ~~100%~~ AVG 21 DAYS (28) N/A
  - CAPA CLOSURE ≤ 30 DAYS (HIGH PRIORITY CA's) → 100% AVG 21 DAYS
  - SUPPLIER YIELD ≥ 90% → ~~100%~~ (28) 95%
  - ON TIME DELIVERY ≥ 90% → NA → NO SHIPMENTS
  - MFG YIELD ≥ 90% → NA → NO FINISHED GOODS
  - ECN CLOSURE ≤ 30 DAYS → 5 DAY AVG
- AUDIT RESULTS (INTERNAL + EXTERNAL COMBINED: CLASS (28) 4 ~~CLASS~~ 1, 12 CLASS 2, 2 CLASS 3, 8 CLASS 4
- SUPPLIERS - 16 "EXISTING" + 10 "NEW"
  - NO ISSUES/CONCERNS W/ ANY SUPPLIER
  - NO SCARS ISSUED
  - ACTION ITEM TO REMOVE INACTIVE SUPPLIERS
- EQUIPMENT
  - 34 POS EQUIPMENT, 16 REQUIRE CALIBRATION → COMPLETED
  - 4 PMs PLANNED; (1) ~~B~~ (28) COMPLETED 3 PENDING
- INVESTIGATIONAL COMPLAINTS
  - 3 TOTAL 12/14 + 18/2020 — 2 - DEVICE BECAME HOT → CA 19-04; 1 - DIFFICULT TO CHARGE → NO CA
- CAs (6) TO DATE 4-2019 → CLOSED; 2-2020 → PENDING → FROM INT AUDIT
- ECNs 348 CLOSED IN 2020, NONE OPEN, AVG 5 DAY TURN

(2)

EAGLE Registrations Inc. Service-Integrity-Value	J ICT Remote Process Audit Notes
CUSTOMER NAME/LOCATION:	Koya Inc./Oakland, CA
AUDITOR NAME / DATE:	Dan Brown / January 11-12, 2021
KEY PROCESS:	MANAGEMENT RESPONSIBILITIES
CLAUSE(S)	-CONT-
INDIVIDUALS INTERVIEWED / PROCESS OWNER(S)	SUSAN

NOTES:

MANAGEMENT REVIEW, CONT'D

- MANUFACTURING:
  - PILOT LINE IS 50% QUALIFIED (7 OF 15 OPS)
  - IQs & OQs CONTINUE AS EQUIPMENT & MATERIAL ARE RCVD
  - PILOT BUILD QTY: 250 SETS
  - ~~(68)~~ PQ QTY FOR V&V TESTING 50 SETS (TO BE USED AS DEMO UNITS)
  - TARGET PQ COMPLETION 2/28/21
  - TARGET FOR FULL PRODUCTION 3/15/2021
- DEVELOPMENT PIPELINE:

			TARGET	STATUS
- DHF001	DASPRING SYSTEM	PHASE II	Q2 2022	510K APPROV 6/16/21
- DHF002	STRIDE SYSTEM	PHASE Ø	Q2 2021	NOT STARTED
- DHF003	PNEUMATIC LEG	PHASE Ø	Q2 2022	↓
- DHF004	DIAGNOSTIC TOOL	PHASE Ø	Q3 2022	

- R&D / MARKETING MILESTONES / PLANS / FEATURES / PROD' REVIEW
- UDI LABELING - GUDID #'S ISSUED TO KOYA VIA GOOD TECH
- POST-MARKET SURVEILLANCE FEEDBACK → NA AT THIS STAGE
- STATUS OF REGULATIONS, OSP MDR
- IMPROVEMENTS NEEDED
- CONCLUSION

ACTION ITEMS IN MGMT REVIEW MINUTES
5 NEW ACTIONS W/ DEFINED RESPONSIBILITIES

NO CHANGE IN TOP MGMT (ANDY D.) OR MGMT REP (SUSAN C) — ALSO QUALITY CONTACT

(3)

EAGLE Registrations Inc. Service-Integrity-Value	J ICT Remote Process Audit Notes
CUSTOMER NAME/LOCATION:	Koya Inc./Oakland, CA
AUDITOR NAME / DATE:	Dan Brown / January 11-12, 2021
KEY PROCESS:	Measurement, Analysis, & Improvement
CLAUSE(S)	8.1-8.5
INDIVIDUALS INTERVIEWED / PROCESS OWNER(S)	Susan

NOTES:

QP 022 Rev B Gen 10013 Internal Quality Audit
Audits Scheduled Via Email

- Audit Completed By Ronald Gonterman, QS on 11/13/2020
  - Certified By BSI as competent for Medical Systems Auditing to ISO13485:2016 01/22/2020
- Reviewed Audit Announcement, Schedule, Report, and Audit Certification 12/11/2020
- Audit Completed 11/13/2020, Report Submitted 11/20/2020
- Two Minor NCs, 12 Recommendations for Improvement

Process is Suitable & Effective

Corrective & Preventive Actions

- PAs Are Recorded As Part of Management Review & During Design Activities
- CA's (4) in ~~2019~~ 2020 DR (All Closed), (2) in ~~2020~~ 2020 BB

Reviewed CA 20-01 Int Audit NC, Action Taken, Pending Effectiveness Review - Good Documentation Practices

Reviewed CA 20-02 Int Audit NC. Supplier Qualification Reviewed Action Plan → Pending Implementation

Reviewed CA 19-04 Complaint Closed After Koya Audit Over-Heating -- (2) Complaints. Pinched Wire Caused Short, Wire Routing Redesigned To Remove Pinch Points. No Further Complaints. Closed 6/5/2020

Reviewed CAPA Log. All CAs Accounted For, Only (2) Since Last Audit. All Requirements Met

(4)

EAGLE Registrations Inc. Service-Integrity-Value	J ICT Remote Process Audit Notes
CUSTOMER NAME/LOCATION:	Koya Inc./Oakland, CA
AUDITOR NAME / DATE:	Dan Brown / January 11-12, 2021
KEY PROCESS:	PRODUCT REALIZATION
CLAUSE(S)	7.1-7.6
INDIVIDUALS INTERVIEWED / PROCESS OWNER(S)	CONNOR, JARRON

NOTES:

DESIGN -

DHF - "DAYSPRING" (AKA "RIPPLE")

PHASE Ø, 1, 2

PHASE Ø DELIVERABLES → PHASE Ø COVERED @ PREVIOUS (RA) AUDIT COMPLETED 06/19/2019

PHASE 1 DELIVERABLES 10/25/2019

EG: DS-010 DESIGN REVIEW & RISK ASSESSMENT LAST UPDATED ON ECO 10058 REV 5 APR 22, 2020

→ REPLACED BY DS-016 REV A ECN 10067

DR-060: RISK ASSOCIATED W/ OVERHEATING

• VERIFIED KNOWN RISKS ADDRESSED PER 60601

VCV PHASE 2 "RIPPLE" REVIEW → PENDING

DOC M-005 1/4/2021 JUSTIFICATION OF ~~CHANGE~~ CHANGES FROM 510K SUBMISSION TO CURRENT VERSION

DAYSPRING DEVELOPMENT PLAN PP 007 REV A ECN 10067

→ SUMMARY OF DESIGN CHANGES FROM "RIPPLE" TO "DAYSPRING" ~~"DASPR~~ DB

→ OFF-THE-SHELF BATTERY PACK UTILIZED - INTERNATIONAL CERTIFICATIONS FOR SAFETY & FITNESS FOR USE, INCLUDING UL TESTING.

TARGET COMPLETION OF PHASE 2 IS MARCH 2021

PHASE 3 → POST MARKET PRODUCT SURVEILLANCE

• NA → STILL IN PHASE 2

RIPPLE DESIGN VERIFICATION & VALIDATION TEST REPORT "APPENDIX A", LINKS TO ALL REQ'D VALIDATION REPORTS

KOYA → INTERNAL TESTING DLS → 60601 TEST LAB

DDL → TEST HOUSE FOR TRANSIT TESTING

SALES: NO FINISHED PRODUCT TO DATE, NO SALES, NO UNIQUE CUSTOMER REQUIREMENTS. AS OEM, KOYA IS DESIGNING PRODUCT TO FIT INPUTS FROM MARKET ANALYSIS INCLUDING FEEDBACK FROM CLINICAL TRIALS.

5

EAGLE Registrations Inc. Service-Integrity-Value	J ICT Remote Process Audit Notes
CUSTOMER NAME/LOCATION:	Koya Inc./Oakland, CA
AUDITOR NAME / DATE:	Dan Brown / January 11-12, 2021
KEY PROCESS:	PRODUCT REALIZATION
CLAUSE(S)	8.4
INDIVIDUALS INTERVIEWED / PROCESS OWNER(S)	CONNOR, JARROD, SUSAN

NOTES:

60601 TESTING + ANALYSIS

GR 19010 Rev 1 ECN 10032

"BASIC SAFETY & EMC EVALUATION OF KOYA RIPPCO SYSTEM"
→ WILL NEED TO BE REPORTED FOR DAYSPRING VERSION OF PRODUCT

RENOWNED TEST LAB REPORTS FOR PRODUCT SAFETY, RELIABILITY, EMISSIONS, IMMUNITY (FROM OUTSIDE INTERFERENCE)

MANUFACTURING

DRAFT MANUFACTURING PLAN FOR VALIDATION PURPOSE

1" DAYSPRING MANUFACTURING PLAN" P0008-Rev A

→ ONLY SERIAL # ITEM IS CONTROLLER
LOT #'S FOR ALL OTHER COMPONENTS + SUB-ASSY'S FOR TRACEABILITY

EQUIPMENT QUALIFICATION

J-00022-01 MACHINE (08) PASS 12/19/2020 - IQ/OQ

CUSTOM PCBA (PRINTED CIRCUIT BOARD ASSEMBLY)
CUSTOM PROGRAMMING STATION (FIRMWARE LOADING VIA FLASH)
→ PROGRAMMING SCRIPT J0034-01 SW005 Rev 1
IQ/OQ COMPLETED 1/7/2021

THE "DAYSPRING" PRODUCT LINE INCLUDES:

42-100 PCS / VALIDATION LOT → (4) MAJOR SUB-ASSEMBLIES TO BE USED IN MANUFACTURING

3-20 PCS FOR VAL LOT → (11) "FINISHED GOODS" COMPONENTS THAT MAY BE KITTED OR SOLD INDIVIDUALLY AS PRODUCTS / ACCESSORIES / REPLACEMENT PARTS

→ ("X") MULTIPLE VARIATIONS OF THE "DAYSPRING KIT" INCLUDES GARMENTS, GAUNTLETS, LINERS, CHARGER, CONTROLLER

9 TOTAL PCS ACROSS 3 VAR LOTS 3 EA SML MED LG

LINERS: SMALL LARGE ARM GARMENTS: SMALL MEDIUM LARGE GAUNTLETS: SMALL MEDIUM LARGE EX-LARGE

(6)

EAGLE Registrations Inc. Service-Integrity-Value	J ICT Remote Process Audit Notes
CUSTOMER NAME/LOCATION:	Koya Inc./Oakland, CA
AUDITOR NAME / DATE:	Dan Brown / January 11-12, 2021
KEY PROCESS:	PRODUCT REALIZATION – CONT
CLAUSE(S)	7.4
INDIVIDUALS INTERVIEWED / PROCESS OWNER(S)	CONNOR

NOTES:

PURCHASING QP013 REV B ECN 10007 8/28/2019
SUPPLIER APPROVAL QP008 REV B ECN 10013 9/10/19
PO FORM FR077

* REQUIREMENT FOR SUPPLIER TO NOTIFY KOYA BEFORE IMPLEMENTING CHANGES AFFECTING PRODUCT IS BUILT INTO THE PO TEMPLATE

FR022 QUALITY SURVEY
FR-023 EVALUATION FORM
FR 024 QUALIFICATION FORM
FR 145 CHANGE NOTIFICATION
FR 146 QUALITY AGREEMENT
FR 147 CHANGE ASSESSMENT
FR 148 SUPPLIER AUDIT
FR 157 APPROVED SUPPLIER LIST (ASL)
FR167 SCAR

REVIEWED ASL → MANY VENDORS ARE IDENTIFIED AS "PENDING" APPROVAL SINCE KOYA IS NOT YET INTO PRODUCTION AT THIS TIME – APPROVAL WILL BE REQUIRED WHEN THAT CHANGES.

REVIEW OF VENDOR APPROVAL RECORDS

VENDOR	GOODS/SVCS	TIER	DOCUMENTS
ENVENTYS	"SOFT" (FABRIC) GOODS	1	QUALIFICATION 1-16-20 QUALITY AGREEMENT 1-15-20
GO PROTO	PROTOTYPING	3	SUPPLIER SURVEY 11-23-19 QUALIFICATION 11-23-19 ISO 9001 CERT (PRI)
LUNA FULFILLMENT	DISTRIBUTION SERVICES	1	QUALIFICATION 11-2-20 QUALITY AGREEMENT 11-2-20
IUVO BIOSCIENCE	BIOCOMPATIBILITY TESTING SVCS	2	QUALIFICATION 10-25-20 ISO 13485 (BSI) 17025 (ANAB)
SHENZEN HONGFU	INJECTION MOLDING	1	QUALIFICATION 8-1-20 13485 (NQA) 9001 (URS)
SPARQTRON	PRINTED CIRCUIT BOARD ASSY'S	2	QUALIFICATION 11-11-19 13485 (SARA)

VIEWED MOST RECENT PO TO EACH ABOVE

ENVENTYS PO # KOYA 20201029-1 MULTIPLE ITEMS 10/30/20 NO DUE DATE CoC REQ'D
GO PROTO PO # KOYA 20200514-2 5/14/20 FLEXFRAME PROGRAMMING DUE 5/21/20
SHENZHEN ... PO # KOYA 20201223-1 MULTIPLE DUE 1/5/20
SPARQTRON PO # KOYA 20200928-1 10/30/20 NO DUE DATE MULTIPLE

IUVO + LUNA → NO POs TO DATE

PROCESS IS SUITABLE AND EFFECTIVE TO CURRENT STATUS (NON-PRODUCTION)

7

EAGLE Registrations Inc. Service-Integrity-Value	J ICT Remote Process Audit Notes
CUSTOMER NAME/LOCATION:	Koya Inc./Oakland, CA
AUDITOR NAME / DATE:	Dan Brown / January 11-12, 2021
KEY PROCESS:	Resource Management
CLAUSE(S)	7.6 6.3 6.2
INDIVIDUALS INTERVIEWED / PROCESS OWNER(S)	Susan, Connor

NOTES:

CALIBRATION & MAINTENANCE – TRACKED VIA EXCEL SHEET "EQUIPMENT LOG"

16 ITEMS OF CALIBRATED EQUIPMENT AT PRESENT – ALL BY EXT SRVC SOURCES – MICROLAB (OOM) – PRESSURE SENSORS → 2YR CAL

ALL ANNUAL CAL { MOST BY: PRECISION MEASUREMENTS; ALSO: HANS LASER & QUALITY CONTROL SOLUTIONS (OOMs)

NOW DONE IN-HOUSE

VERIFIED ALL ITEMS ARE CURRENT FOR CALIBRATION

0100	Mitutoyo Caliper	– PMI	11/9/20/21	EQUIPMENT + CAL RECORDS	✓
0101	Pico Press H-1200	– MICROLAB	10/12/20/22	✓	✓
0109	Laser Marker Machine	– HANS LASER	01/06/21/22	✓	✓
0117	24" Rigid Ruler	– Quality Control Solutions	03/18/20/21	✓	✓
0126	Oscilloscope	– PMI	11/13/20/21	✓	✓

VIEWED CAL RECORD W/SUPPORTING DATA SHEET 1/6/2021

MAINTENANCE

AT PRESENT – 4 PIECES OF EQUIPMENT REQUIRE PM

			LAST:	NEXT
0109	Laser Marking Machine	ANNUAL	9/14/20	9/14/21
0112	Air Compressor	ANNUAL	10/15/20	10/15/20
0113	Thermal Transfer Printer	ANNUAL	NOT YET DUE	TBD
0114	Thermal Transfer Printer	ANNUAL	NOT YET DUE	TBD

ADDITIONAL EQUIPMENT IS PLANNED FOR INSTALL AS PRODUCTION COMES ON LINE – BETWEEN NOW & MARCH 2021

TRAINING

VERIFIED TRAINING RECORDS @ RA – ONE NOW EE: JOHN P.

TRAINING MATRIX USED TO ID TRAINING REQUIREMENTS

TRAINING SUMMARY SHOWS TRAINING COMPLETED

VERIFIED "TRAINING REQUIREMENTS" FOR JOHN P. ARE FULFILLED IN "TRAINING RECORD" FOR NAME DATED 1/4/2021

VERIFIED ROSE OF STAFF HAS RECORDS OF AWARENESS OF CHANGES TO PROCEDURES UPDATED IN PAST YEAR.

→ ECN AUTHORS / APPROVALS ARE DEEMED TRAINED!

(8)

EAGLE Registrations Inc. Service-Integrity-Value	J ICT Remote Process Audit Notes
CUSTOMER NAME/LOCATION:	Koya Inc./Oakland, CA
AUDITOR NAME / DATE:	Dan Brown / January 11-12, 2021
KEY PROCESS:	Resource Management
CLAUSE(S)	4.2
INDIVIDUALS INTERVIEWED / PROCESS OWNER(S)	Susan, Connor

NOTES:

QP 007 Control of Records - Rev C & CN 10031 11/18/19
QP 044 Rev A & CN 10000 → Device History Records
DaySpring Device Life = 3 years
DHRs To Be Retained Min 10 yrs

Documents & Records
Stored on Google Drive for Access Anywhere.
Back-ups of Data Are Managed By Google. No
Concern for Loss of Data

Verified Documents Throughout the Audit
→ All Employees Interviewed Had Access To
and Could Retrieve, Display, & Explain the
Current Procedures, Instructions & Forms

Verified Records Throughout the Audit.
→ Correct Forms Used, Correctly Completed,
Retained As Required

Process is Suitable & Effective.

Medical Codes Adopted from MD9 Annex A

Medical Devices Technical Areas	Risk Level	Examples
MED-01: Non-Active Medical Devices Non-Implantable	1	General non-active, non-implantable medical devices and Non-active medical devices. Measuring devices, cleaning devices, devices for injection and anesthesia, contraceptive device-
MED-01A: Non-Active, Devices for Wound Care	1	Devices for wound care such as bandages, suture material
MED-01B: Non-Active Dental Devices and Accessories	1	Non active dental materials, equipment
MED-01C: Non-Active, Other	1	Other than specified above
MED-02: Non-Active Implants	3	Cardiovascular, Orthopedic, Functional, Soft-Tissue, Non-active dental devices and accessories, Dental Implants.
MED-03: Active (Non-Implantable) General Medical Devices	2	General active medical devices, Active (non-implantable) medical devices. Respiratory devices, surgical devices, dental devices, prostheses
MED-03A: Active, Non-Implantable, Devices for Imaging	2	Devices for imaging
MED-03B: Active, Non-Implantable Monitoring Devices	2	Monitoring devices
MED-03C: Active, Non-Implantable, Devices for Radiation/Thermo Therapy	2	Devices for radiation therapy and thermo therapy,
MED-03D: Active, Non-Implantable, Other	2	Other than specified above
MED-04: Active Implantable Medical Devices	3	General active implantable medical devices, medical devices delivering drugs or substances, devices substituting or replacing organ functions, devices for stimulation/inhibition.
MED-04: Active Implantable Other	3	
MED-05: In Vitro Diagnostic Medical Devices	4	Reagents and reagent products, calibrators and control materials for: Clinical Chemistry, Immunochemistry Immunology), Hematology/ Hemostasis/ Immunohematology, Microbiology, Infectious Immunology, Histology/Cytology, Genetic Testing.
MED-05A: In Vitro Diagnostic Instruments and Software	4	In Vitro Diagnostic Instruments and software,
MED-05B: In Vitro Diagnostic Other	4	IVD medical devices other than specified above.
MED-06: Sterilization Other	1	Other
MED-06A: Sterilization, EOG	1	Ethylene oxide gas sterilization (EOG
MED-06B: Sterilization, Moist Heat	1	Moist heat
MED-06C: Sterilization, Aseptic Processing	1	Aseptic Processing
MED-06D: Sterilization Radiation	1	Radiation Processing
MED-07: Devices Incorporating / Utilizing Specific Substances / Technologies	4	Medical devices incorporating, medicinal substances, incorporating derivates of human blood, utilizing micromechanics, utilizing nanomaterials,
MED-07A: Devices Utilizing Tissues of Animal Origin	4	Utilizing tissues of animal origin
MED-07B: Devices Utilizing Biological Coatings Materials	4	Utilizing biological active coatings and/or materials or being wholly or mainly absorbed.
MED-08A: Services/Raw Materials	1	Raw metals, plastic, wood, ceramic, for use of organizations not making parts or components, but materials.
MED-08B: Services/Components	1	Electrical components, fasteners, shaped raw materials, machined raw materials and molded plastic
MED-08C: Parts Services/Subassemblies	1	Electronic subassemblies, mechanical subassemblies, made to drawings or work instructions
MED-08D: Services/Calibration Services	1	Verification/confirmation services for measuring instruments, tools or test fixtures
MED-08E: Services/Distribution Services	1	Distributors providing storage and delivery of medical devices, not acting as a "legal manufacturer" for medical devices. Consider catalog items, on demand shipping, Distribution as a business model.
MED-08F: Parts Services/Maintenance Services	1	Electrical or mechanical repair services, facility cleaning and maintenance services, uniform cleaning, and testing of ESD smocks- Consider sites doing repair of products, devices, or servicing of products for maintenance, repair or refurbishing.
MED-08G: Parts Services/Other Services	1	Consulting services related to medical devices, packaging, sequencing, and kitting services, plating, painting, cleaning
MED-08H: Parts Services/Transportation Services	1	Trucking, shipping, air transportation service in general

EAGLE Registrations Inc. Service-Integrity-Value	**ICT Process Auditing Notes**
SITE AUDITED USING ICT PROCESS:	Koya Inc./ Oakland, CA

Information and Communications Technology (ICT) may include, for example, teleconferencing, web meetings, interactive web-based communications, or remote electronic access to the management system documentation and/or remote management system processes.

The security and confidentiality of electronic or electronically transmitted documentation is particularly important when using ICT. Security measures should be considered and any deviation from EAGLE planning (tools identified) should be addressed with office.

- Ensure sampling is random and auditor directed as best as possible. Identify any concerns.
- Ensure confidentiality protocol is followed per ICT Training
- Schedule must clearly reflect use of ICT versus on-site audit activity

Process audited using ICT	ICT Method Involved
List Hardware and software used as part of the ICT audit activity	Windows Computers, tablets, & Smartphones. ICT software used was Zoom. Objective evidence gathered from interviews, Word, Excel, & PDF.
Summarize the ICT audit activity effectiveness including issues encountered and resolution	No concerns with the remote activity.
Were there any areas that were not able to be audited as planned?	No
Would you recommend this site for future ICT audit activity (explain)- Address if audit time is sufficient.	Yes, many key contributors work remotely and they are very comfortable with the online communications technology. There were no issues with the audit duration. There was sufficient time to address all processes.

*Ensure Schedule, Notes and NCRs identified in the report clearly denote if they were identified during ICT auditing versus on-site, if the audit is a combination of both ICT and on-site.

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Streamlined Business Licensing

July 29, 2021

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway,
Suite 206
Reno, NV 89521
(775) 850-1440

Re: **Koya Medical Inc.**
Durable Medical Equipment License
To Whom It May Concern:

Please find enclosed **Durable Medical Equipment License** for our client **Koya Medical Inc.** Once the application has been processed, please forward evidence of approval to the mailing address on the application. PLEASE CONTACT OClifford@licenselogix.com for additional information.

LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
service@licenselogix.com
(800) 292-0909

4G

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG		☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*	* If making a change, provide current license number: M P01619	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Livongo Health, Inc.

MDEG Physical Address: 150 W. Evelyn Ave, Suite 150

City: Mountain View State: CA Zip: 94041

Mailing Address (if different from physical address): 444 N. Michigan Ave Suite 3400

City: Chicago State: IL Zip: 60611

Telephone: 866-435-5643 Website: www.teladoc.com

Email: complianceconcerns@teladochealth.com

Name of MDEG Administrator (NAC 639.694): Michael Chibbaro

Type of MDEG products that will be sold (check all applicable)

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

Days and Hours of Operation

Mon:	9am-5pm
Tues	9am-5pm
Wed:	9am-5pm
Thurs:	9am-5pm
Fri:	9am-5pm
Sat:	Closed
Sun:	Closed
Holidays:	Closed

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))
Michigan: 1336439090
Maryland: 1623362 00
Oregon: 500784358

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: NA 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 practicing 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: Delaware

Parent Company (if any): Teladoc Health, Inc.

Corporation Name: Livongo Health, Inc.

Mailing Address: 444 N. Michigan Ave

City: Chicago State: IL Zip: 60611

Telephone (630) 248-3048 Email: Complianceconcerns@teladochealth.com

Contact Person Name: Deanna McFadden

Date of SEC Registration: 07/01/2015	SEC Registration Number: 0001477449	Stock Exchange Symbol: TDOC

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NA

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Partnership

Partnership Name: NA

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 8: Sole Owner

Owner's Name: NA

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	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List of all 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.

Deanna McFadden

Print Name of Authorized Person Submitting Application

Deanna McFadden

Original signature of Authorized Person (copies or stamps not accepted)

9/3/2021

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 77743

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Livongo Health, Inc. MDEG License # (if applicable) MP01619

Physical Address 150 W. Evelyn Ave, Suite 150

City Mountain View State CA Zip 94041

Mailing Address (if different from physical address) 444 N. Michigan Ave

City Chicago State IL Zip 60611

Telephone 866-435-5643 Website: www.teladoc.com

Licensing Company Email complianceconcerns@teladochealth.com

Section 2: Personal Information

First Michael Middle Anthony Last Chibbaro

Alias(es, nicknames, name changes, etc.) NA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Elwood Drive

City Los Gatos State CA Zip 95032

Telephone [redacted] Email mchibbaro@teladochealth.com

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.)		X
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.)		X
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.)		X

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.)		X
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?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Bishop Garcia Diego		Graduated 1970	
Address	**City**	**State**	**Zip**
4000 La Colina Rd	Santa Barbara	CA	93110
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of California Berkeley		Graduated 1992	
Address	**City**	**State**	**Zip**
	Berkeley	CA	
Diploma/Degree obtained, if any			
BS Materials Science and Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of California Santa Barbara		Graduated 1998	
Address	**City**	**State**	**Zip**
	Santa Barbara	CA	
Diploma/Degree obtained, if any			
M.S, Materials			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2005-Present	[redacted] Elwood Drive	Los Gatos	CA	95032
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)	
Livongo Health, Inc		05/2015-Present	
Business Address	**City**	**State**	**Zip**
150 W. Evelyn Ave, Suite 150	Mountain View	CA	94041
Phone	**Title**	**Number of Employed Hours**	
408-718-5657	Vice President, Quality Assurance and Regulatory Affairs	12,480	
Description of Duties			
Responsible for quality and regulatory activities related to medical devices			

Business Name		From - To (MM/YY – MM/YY)	
NA			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
NA			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
NA			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
NA			
Business Address	**City**	**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)
NA			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
NA			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
NA			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
NA			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
NA			
Business Address	City	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?		x
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		x
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		x

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 # NA. **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, Michael Chibbaro, **certify that as the MDEG Administrator for** Livongo Health, Inc.,

that I (initial that you have read and meet the following requirements):

1. MC Have a high school diploma or its equivalent;
2. MC 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. MC 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. MC 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.

Michael Chibbaro
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

15 Jul 21
Date

Board Use Only	Date Received:

OWNERSHIP/MANAGEMENT INFORMATION

Name	Title	Phone Number
Teladoc Health, Inc.	2 Manhattanville Road, Suite 203 Purchase, New York 10577-2118	(203) 635-2002
BlackRock, Inc.	55 East 52nd Street New York, NY 10055-0002	(212) 810-5300
General Catalyst Group VI, L.P.	20 University Road, Fourth Floor, Suite 450, Cambridge, MA 02138-5815	(617) 234-7000

Name	Title	Phone Number
Directors		
Tom McKinley	Board Member/Director	
Mark D. Smith, MD, MBA	Board Member/Director	
Kenneth Paulus	Board Member/Director	
Senator William Frist, MD	Board Member/Director	
Catherine A. Jacobson	Board Member/Director	
David Shedlarz	Board Member/Director	
David B. Snow, Jr.	Board Member/Director	
Jason Gorevic	CEO	[redacted]
Chris Bischoff	Board Member/Director	
Karen Daniel	Board Member/Director	
Sandra Fenwick	Board Member/Director	
Officers		
Mala Murthy	CFO	
David Sides	Chief Operating Officer	[redacted]
Adam Vandervoort	Chief Legal Officer	[redacted]
Andrew Turitz	SVP of Business Development	[redacted]
Stephany Verstraete	Chief Marketing Officer	[redacted]
Arnnon Geshuri	Chief People Officer	
Dan Trencher	SVP, Corporate Strategy	[redacted]
Yulun Wang	Chairman, Founder & Chief Innovation Officer	[redacted]
Managing Employees		
Deanna McFadden	VP Compliance/Compliance Officer	[redacted]

Secretary of State
Certificate of Status

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

Entity Name:	LIVONGO HEALTH, INC.
File Number:	C3731125
Registration Date:	12/03/2014
Entity Type:	FOREIGN STOCK CORPORATION
Jurisdiction:	DELAWARE
Status:	ACTIVE (GOOD STANDING)

As of June 29, 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 June 29, 2021.

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

Certificate Verification Number: YDP51QY

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*.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/30/2021

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 Woodruff-Sawyer & Co. 50 California Street, Floor 12 San Francisco, CA 94111	CONTACT NAME: Sue Eich PHONE (A/C, No, Ext): 415-399-6433 FAX (A/C, No): E-MAIL ADDRESS: seich@woodruffsawyer.com
INSURED TELADOC-01 Teladoc Health, Inc. 2 Manhattanville Road, Suite 203 Purchase, NY 10577	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Trumbull Insurance Company — 19682 INSURER B : Hartford Accident & Indemnity — 22357 INSURER C : Columbia Casualty Company — 31127 INSURER D : Travelers Casualty and Surety Company — 19038 INSURER E : Lloyds of London - Beazley — INSURER F : Hartford Casualty Insurance Company — 29424

COVERAGES **CERTIFICATE NUMBER:** 1900785763 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			57UUNHZ2317	8/1/2021	8/1/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			57UUNHZ2317	8/1/2021	8/1/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
F	X UMBRELLA LIAB [X] OCCUR			57RHUHZ2575	8/1/2021	8/1/2022	EACH OCCURRENCE	$ $10,000,000
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ $10,000,000
	DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			57WBAJ8P5U	8/1/2021	8/1/2022	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH)						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
E	Professional Liability			W23FFC210401	8/1/2021	8/1/2022	Each Occ./Agg.	$1M/$3M
C	E&O/Cyber (Ntwk & Security) Liab.			596710529	8/1/2021	8/1/2022	Per Claim/Aggregate:	$5,000,000
D	Crime Liability			105767430	8/1/2021	8/1/2022	Cov. A,B,C,D,E	$3,000,000

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

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Sue Eich

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Teladoc HEALTH

July 8, 2021

To whom it may concern,

Our home state of California does not require us to have an HMDR license since we do not dispense, hold prescription devices or dispense any OTC devices pursuant to a prescription.
Please see the attached email from California Department of Public Health stating that an HMDR license is not required, and a copy of the California Bill regulating HMDR facilities.

Should you have any additional questions, please feel free to contact us at: complianceconcerns@teladoc.com.

Thank you,

Debra Borowski
Compliance and Quality Specialist

CA

Jump to a Product/Service:

Blood Glucose Monitors/Supplies (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 Device Retailer license	Yes	California Department of Public Health, HMDR Program		No	A
Home Medical Device Retailer Exemptee License	No	California Department of Public Health, HMDR Program		No	D
Blood Glucose Monitors/ Supplies (Non-Mail Order) (DM05)					
Home Medical Device Retailer License	No	California Department of Public Health, HMDR Program		No	A
Blood Glucose Monitors/Supplies (Mail Order) (DM06)					
Home Medical Device Retailer License	No	California Department of Public Health, HMDR Program		No	A
Breast Prostheses and/or Accessories (PD01)					
No License Required	No			No	
Canes and/or Crutches (M01)					
Home Medical Device Retailer License	No	California Department of Public Health, HMDR Program		No	A
Cochlear Implants (PD02)					
No License Required	No			No	Z
Commodes, Urinals, Bedpans (DM02)					
Home Medical Device Retailer License	No	California Department of Public Health, HMDR Program		No	A
Continuous Passive Motion (CPM) Devices (DM03)					
Home Medical Device Retailer License	No	California Department of Public Health, HMDR Program		No	A
Continuous Positive Airway Pressure (CPAP Devices) (R01)					
Home Medical Device Retailer license	Yes	California Department of Public Health, HMDR Program		No	A

4H

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG		☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medivators Inc.

MDEG Physical Address: 14605 28th Avenue North

City: Minneapolis State: MN Zip: 55447

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (800) 328-3340 Website: https://www.medivators.com

Email: Regulatory_Ops@cantel.com

Name of MDEG Administrator (NAC 639.694): Cheri Ackert-Burr

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others: Endoscope Reprocessing and Procedure Produ

Endoscope reprocessing and procedure products.

** 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:	9 am - 5 pm (standard business hours)
Tues	9 am - 5 pm
Wed:	9 am - 5 pm
Thurs:	9 am - 5 pm
Fri:	9 am - 5 pm
Sat:	
Sun:	
Holidays:	

* The answers for the corporation are "No" but we cannot verify as to owners and shareholders as Medivators Inc. is part of Steris plc, a publicly traded company.

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))
None.

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: As a subsidiary of Steris plc, a publicly traded company, it is Credentials: _____ %: _____

Name: it is unknown to us if a shareholder is a health professional. 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 practicing 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: Minnesota

Parent Company (if any): Steris plc

Corporation Name: Medivators Inc.

Mailing Address: 14605 28th Avenue North

City: Minneapolis State: MN Zip: 55447

Telephone: (800) 328-3340 Email: marnold@cantelmedical.ca

Contact Person Name: Mark Arnold

Date of SEC Registration: Nov. 6, 2018	SEC Registration Number: 0001757898	Stock Exchange Symbol: STE

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all 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.

Sherri Mellingen

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

19 JULY 2021

Date

Board Use Only	Date Received: _____	Amount: $500 (CC)

Medivators Inc.

Officers and Directors

Michael Spicer (Director, President)

Jeff Mann (Director, Secretary)

Peter Clifford (Director)

Nicole Jung (Vice President)

John Yasnowski (Treasurer)

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:	Medivators Inc.
Date Filed:	01/30/1974
File Number:	2J-966
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	07/14/2021

Steve Simon
Secretary of State
State of Minnesota

Help (./help/index.html)

DRLM Home (mainMenu.htm) > View Your Registrations and Listings

Registration Information

Facility

Registration Number
2150060

FEI Number
2150060

Registration Status
Active

Registration Status Reason
Legacy Data - Registration activated

Initial Importer
Y

Facility Name
MEDIVATORS INC

Legal Name

Facility Address
14605 28TH AVE N ,
MINNEAPOLIS , MINNESOTA , 55447 , UNITED STATES
Establishment located on a campus

Owner/Operator

Owner/Operator Number
2150060

Contact Name
SHERRI MELLINGEN

Business Name
MEDIVATORS INC

Address
14605 28TH AVE NORTH
MINNEAPOLIS , MINNESOTA , 55447 , UNITED STATES

Phone Number
763 - 8984321

Fax Number

E-mail Sherri.Mellingen@cantel.com

Official Correspondent

Contact Name
SHERRI MELLINGEN

Business Name
MEDIVATORS INC

Address
14605 28TH AVE NORTH
MINNEAPOLIS , MINNESOTA , 55447 , UNITED STATES

Phone Number
763 - 8984321

Fax Number

E-mail Sherri.Mellingen@cantel.com

Registration Status

Expiration Date
2021-12-31

PIN - PCN
50308572 - 21464289

Imported Products and Manufacturers

Manufacturer(s) Name	Address	Product Code	Device Name	Premarket Submission Number
INTROMEDIC CO., LTD	Suite 1105 1106 E&C Venture Dream Tower 6-Cha , Guro Dong, Guro Gu , Seoul, Seoul, 152-719, KOREA, SOUTH	EOX	Esophagoscope (flexible or rigid)	K120702
INTROMEDIC CO., LTD	Suite 1105 1106 E&C Venture Dream Tower 6-Cha , Guro Dong, Guro Gu , Seoul, Seoul, 152-719, KOREA, SOUTH	NEZ	SYSTEM, IMAGING, GASTROINTESTINAL, WIRELESS, CAPSULE	K123428

< Previous (drlm.htm?_flowExecutionKey=_c370E5BE6-3E04-C9CF-DA9C-D026B1CDB9D1_kD43BD466-1205-EE50-9FB8-28DF5DC1D8AD&_eventId=back)

MINNESOTA
BOARD OF PHARMACY

General FAQs

- ✚I just received a prescription for Methadone. Can I dispense it
- ✚Can I mail prescription medications containing narcotics or other controlled substances?
- ✚Can I fill a prescription for a Schedule II drug written by a mid-level practitioner?
- ✚Where can I find a chart showing the daily limits for retail pseudoephedrine sales?
- ✚Are electronic prescriptions for controlled substances allowed in Minnesota?
- ✚What information can be changed (or added) to a Schedule II prescription and Schedule III-V prescriptions by a pharmacist? 10/21/2013
- ✚Is there a time limit between the date a prescription for a Schedule II drug is issued and the date when it may be filled?
- ✚Is there a six month/five refill limit on Schedule V drugs?

Immunizations

- ✚Does the Board have information about pharmacist provided immunizations?

Licenses and Registrations

- ✚I allowed my license to practice pharmacy in Minnesota to lapse and now I want it reinstated. What do I need to do?
- ✚Does your Board have license verification on the internet?
- ✚Does your Board of Pharmacy license or register medical device or medical supply manufacturers, wholesale distributors, supplies or retailers?
  The Board does not license or register companies that exclusively manufacture, distribute, supply or sell medical devices or supplies. If a company that handles medical devices or supplies also manufactures or distributes drugs, it must be licensed as a drug manufacturer or drug wholesaler. Exception if the drug is coated on or embedded in the device (e.g. drug-coated stents) and the resultant product is approved by the FDA as a device, the company does not have to be licensed as a manufacturer or wholesale distributor.

Miscellaneous

- ✚I have received e-mail (spam) and/or a fax from a company claiming to be a pharmacy licensed by the Minnesota Board of Pharmacy. (Or, I have visited a website that displays a license supposedly issued by the Board). Has the Board issued a license to this company or website? If not, what can the Board do to stop the company from sending me spam or faxes? Can the Board make them remove charges from my credit card? I have received a telephone call from someone claiming to work for a licensed pharmacy who encourages me to order from them or asks me for credit card information. Can the Board stop them from calling me?
- ✚Minnesota Statutes § 151.461 prohibits gifts to practitioners by drug wholesales and manufacturers. Can you provide additional information about this law?

Pharmacy Technicians

- Where can I find information about the Board's continuing education requirement for pharmacy technicians?

Prescriptions

- Can prescriptions be transferred more than once in Minnesota?
- Can I fill or refill a prescription from an out-of-state prescriber?
- How long must I keep prescription records?
- Can I accept a new prescription via a facsimile machine?

Medical Cannabis

- What information can the Board provide regarding the use of medical cannabis?

Client#: 1733194 CANTEMED1

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/25/2021

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.

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PRODUCER	CONTACT NAME:	
USI Insurance Services - CL 180 Park Avenue Suite 103 Florham Park, NJ 07932	PHONE (A/C, No, Ext): 973 965-3100	FAX (A/C, No): 610 537-2349
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Medivators, Inc. 14605 28 Avenue North Minneapolis, MN 55447	INSURER A : Phoenix Insurance Company	25623
	INSURER B : Travelers Property Cas. Co. of America	25674
	INSURER C : Travelers Casualty Ins Co of America	19046
	INSURER D : National Fire & Marine Insurance Co.	20079
	INSURER E : Lloyd's Syndicate 2623 (Beazley)	48946
	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/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			6608119C004PHX21	04/01/2021	04/01/2022	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$0
	OTHER:							$
A	AUTOMOBILE LIABILITY			8107N21032721	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			CUP6N18433221	04/01/2021	04/01/2022	EACH OCCURRENCE	$25,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$25,000,000
	DED X RETENTION $10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			UB5N46793621	04/01/2021	04/01/2022	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A					E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$1,000,000
D	Prod/Comp Ops			42PCL30282706	04/01/2021	04/01/2022	$10M Occ/$10M Agg	
	Claims Made						Retention - $100,000	
E	Excess Products			JTU27Q21BNUL	04/01/2021	04/01/2022	$10M Occ/$10M Agg	

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

Evidence of Coverage

CERTIFICATE HOLDER

Medivators, Inc.
14605 28 Avenue North
Minneapolis, MN 55447-0000

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ulle Scott

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FXDZP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

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

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medivators Inc — MDEG License # (if applicable): _____

Physical Address: 14605 28th Ave N

City: Minneapolis — State: MN — Zip: 55447

Mailing Address (if different from physical address): Same

City: _____ — State: _____ — Zip: _____

Telephone: 800-328-3340 — Website: https://www.medivators.com

Licensing Company Email: cackert-burr@medivators.com

Section 2: Personal Information

First: Cheri — Middle: Northcutt — Last: Ackert-Burr

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Cedar Bluff Parkway

City: Mansfield — State: TX — Zip: 76063

Telephone: [redacted] — Email: cackert-burr@medivators.com

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 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Chamberlain University			April 2017-june 2019
Address	**City**	**State**	**Zip**
3300 N Campbell Ave	Chicago	IL	60618
Diploma/Degree obtained, if any			
Doctorate of Nursing Practice			

School Name			From - To (MM/YY – MM/YY)
University of Texas Health Science Center College of Nursing			Jan 1991 - May 1995
Address	**City**	**State**	**Zip**
PO Box 20036	Houston	TX	77225
Diploma/Degree obtained, if any			
Masters of Science of Nursing			

School Name			From - To (MM/YY – MM/YY)
Spalding University			Sept 1982 - May 1986
Address	**City**	**State**	**Zip**
851 South Fourth Street	Louisville	KY	40203-2188
Diploma/Degree obtained, if any			
Bachelor of Science of Nursing			

School Name			From - To (MM/YY – MM/YY)
Morehead State University			Jan 1975-Dec 1976
Address	**City**	**State**	**Zip**
201 Ginger Hall	Morehead	KY	40351
Diploma/Degree obtained, if any			
Associate Arts of Science in Nursing			

School Name			From - To (MM/YY – MM/YY
Morehead State University			Sept 1970-Dec 1974
Address	**City**	**State**	**Zip**
201 Ginger Hall	Morehaead	KY	40351
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
May 15 to present	[redacted] Cedar Bluff Parkway	Mansfield	TX	76063
Jan 1991 - May 202	2302 Willow Point Drive	Kingwood	TX	77339
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)	
Clinical Instructor for Medivators			Nov 2012 to present	
Business Address		**City**	**State**	**Zip**
14605 28th N Ave		Minneapolis	MN	55447
Phone	**Title**		**Number of Employed Hours**	
281-798-0090	Fellow for Clinical Practice		Full time - 2080/year	
Description of Duties				
Training & Education of employees, nursing staff, Operating Room Nurses and Surgical Technicians/Gastrointestinal Registered Nurses andTechnicians/Sterile Processing Department Technicians.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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 any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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 # N/A . **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:

Cheri Ackert-Bush

Original Signature (electronic, copies or stamps not accepted)

July 14, 2021

Date

I, Cheri Ackert-Burr, **certify that as the MDEG Administrator for**

_____,

that I (initial that you have read and meet the following requirements):

1. Yes Have a high school diploma or its equivalent;
2. Yes 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. Yes 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. Yes 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.

Ackert-Burr, Cheri
Print Name (First, Last)

Cheri Ackert-Burr
Original Signature (electronic, copies or stamps not accepted)

July 14, 2021
Date

Board Use Only	Date Received: _____

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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: NDC Homecare LLC

Physical Address: 415 New Sanford Rd LaVergne TN 37086
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 401 BNA Drive Ste 500

City: Nashville State: TN Zip Code: 37217

Telephone: 615 366 3225 Fax: none

E-mail: hbeasley@ndc-inc.com Website: www.preferredmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 to 4:30 Tue: 7:30 to 4:30 Wed: 7:30 to 4:30 Thu: 7:30 to 4:30 Fri: 7:30 to 4:30 Sat: none to Sun: none to Holidays: none to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dave Johnson

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

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

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

Name:_____ Telephone: _____

APPLICATION FOR 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

will only dropship to patient no other contact

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

Tammy Beasley
Print Name of Authorized Person

7/20/2021
Date

Board Use Only	Received:_____	Amount: 500 CHCK # 059042

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP General_____ Limited X

Partnership Name: MDC Intermediate Holdings LLC

Mailing Address: 402 BNA Drive Ste 500

City: Nashville State: TN Zip: 37217

Telephone: 615 366 3230 Fax: none

Contact Person: Tammy Beasley

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
MDC Intermediate Holdings LLC	L	100%

List names of 4 largest partners and percentage of ownership:

Name: See above %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/24/2020

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED NDC Homecare, LLC BNA Corporate Center 402 BNA Drive Suite 500 Nashville, TN 37217	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Medmarc Casualty Insurance Company — 22241 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W18797041 **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						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	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 Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ☐ (Mandatory in NH)	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	Products & Completed Operations			20TN380008	09/30/2020	09/30/2021	See below	

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

SEE ATTACHED

CERTIFICATE HOLDER

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SR ID: 20377599 BATCH: 1896359

AGENCY CUSTOMER ID: _____

LOC #: _____

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Willis Towers Watson Southeast, Inc.		NDC Homecare, LLC BNA Corporate Center 402 BNA Drive Suite 500 Nashville, TN 37217
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Claims Made
$5,000,000 Each Occurrence
$5,000,000 Prod/Comp Operations Aggregate
$10,000 Medical Expense (any one person)
$25,000 Deductible per Occurrence

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preferred medical
P.O. BOX 2138
CONWAY, AR 72033
501-932-0033

First Tennessee
87-520/640

281
059042

Five Hundred Dollars And 00 Cents	DATE 1/21/2021	AMOUNT $500.00

PAY TO THE ORDER OF: Nevada State Board of Pharmacy

Payee ID
81121

MDEC - NDC Homecare LLC

PREFERRED MEDICAL

AUTHORIZED SIGNATURE

⑈059042⑈ ⑆064005203⑆ 18121458⑈

Detach stub before depositing 1/21/2021

PREFERRED MEDICAL 12.14.1292 112213

Date	Invoice No	Description	Detail Description	Amount	Detail Amt.	Terms Amt.	Net Amt.	Disputed Amt.	Adjusted Amt.
1/19/2021	011921A	DME License App Home TN		500.00		0.00	500.00	0.00	500.00
CHECK 059042 TOTALS FOR PAYEE Nevada State Board of Pharmacy:				$500.00		$0.00	$500.00	$0.00	$500.00

logged 8/9/21

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, 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-THIRD DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

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

Jeffrey W. Bullock, Secretary of State

6333287 8300

SR# 20212787151

Authentication: 203748781

Date: 07-23-21

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

Officers
Mark Seitz
[redacted] Whistler Cove
Franklin TN 37067
[redacted]

Michael Joseph Kovacich Jr
[redacted] Admiral Drive
Atlanta, GA 30341
[redacted]

Tammy Beasley
[redacted] Rosecran Circle
LaVergne, TN 37086
[redacted]

Owner/Sole Member
NDC Intermediate LLC 100%

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 106862655

Dated effective: 5/24/2018
(MONTH, DAY, YEAR)

executed by: NDC Homecare, LLC dba Dedicated Distribution, Preferred Medical and Wolf Medical Supply , **as Principal,**
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , **as Surety,**
(SURETY)

and 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

INFORMATION	FROM	TO
Principal Address	407 Sanford Road	415 New Sanford Road

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 4/7/2021
(MONTH, DAY, YEAR)

Signed and Sealed 4/7/2021
(MONTH, DAY, YEAR)

NDC Homecare, LLC dba Dedicated Distribution, Preferred Medical and Wolf Medical Supply
PRINCIPAL

BY: _____
TITLE

Travelers Casualty and Surety Company of America
SURETY

BY: Pam Pratt
Pam Pratt, 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 corporation 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 **Pam Pratt** of **Nashville** **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 la

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In **Witness Whereof,** I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and It is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and It is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the neture 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 signeture 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 **7th** day of **April**, **2021**

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.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/24/2020

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	CONTACT NAME: Willis Towers Watson Certificate Center
Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Medmarc Casualty Insurance Company	22241
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
NDC Homecare, LLC
BNA Corporate Center
402 BNA Drive
Suite 500
Nashville, TN 37217

COVERAGES **CERTIFICATE NUMBER:** W18797041 **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						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	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 Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	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	Products & Completed Operations			20TN380008	09/30/2020	09/30/2021	See below	

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

SEE ATTACHED

CERTIFICATE HOLDER

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Southeast, Inc.	NAMED INSURED NDC Homecare, LLC BNA Corporate Center 402 BNA Drive Suite 500 Nashville, TN 37217
POLICY NUMBER See Page 1	
CARRIER See Page 1 / NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Claims Made
$5,000,000 Each Occurrence
$5,000,000 Prod/Comp Operations Aggregate
$10,000 Medical Expense (any one person)
$25,000 Deductible per Occurrence

ACORD 101 (2008/01)

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)
Administrator Application
Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG NDC Homecare LLC MDEG License # (if applicable) _____
Physical Address 415 New Sanford Rd
City LaVergne State TN Zip 37086
Mailing Address (if different from physical address) 402 BNA Drive Ste 500
City Nashville State TN Zip 37217
Telephone 615 366 3230 Website www.preferredmedical.com
Licensing Company Email Compliance@ndc-tnc.com

Section 2: Personal Information

First Davida Middle Danielle Last Rutherford
Alias(es, nicknames, name changes, etc.) Richardson
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X
Mailing Address [redacted] New Sanford Rd
City LaVergne State TN Zip 37086
Telephone [redacted] Email DRUTHERFORD@NDC-TNC.COM
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.)		X
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.)		X
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.)		X

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.)		X
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?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
McGavock High School			
Address	**City**	**State**	**Zip**
McGavock Pike	Nashville	TN	37217
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Strayer University			
Address	**City**	**State**	**Zip**
	Nashville	TN	
Diploma/Degree obtained, if any			
Bachelor's and Master's			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/02-Presen	[redacted] Ridgemont Dr	nash	TN	37207
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)
NDC			02/13 - present
Business Address	**City**	**State**	**Zip**
415 New Sanford Rd	Lavergne	TN	
Phone	**Title**	**Number of Employed Hours**	
615-324-6322	Inventory Control		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**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	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	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?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

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)

8/23/21
Date

I, Davida Rutherford, **certify that as the MDEG Administrator for**

_____,

that I (initial that you have read and meet the following requirements):

1. DR Have a high school diploma or its equivalent;
2. DR 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. DR 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. DR 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.

Davida Rutherford

Print Name (First, Last)

Davida Rutherford

Original Signature (electronic, copies or stamps not accepted)

8/23/21

Date

Board Use Only	Date Received: _____

Darlene Nases

From: Darlene Nases
Sent: Tuesday, August 24, 2021 7:42 AM
To: 'Tammy Beasley'
Cc: Mark I. Sedar; Jessette Phaynarikone
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (La Vergne, TN) - Need more information

Thanks. I will keep an eye out for these documents.

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.

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From: Tammy Beasley <tbeasley@ndc-inc.com>
Sent: Monday, August 23, 2021 12:09 PM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (La Vergne, TN) - Need more information

Darlene I am sending the attached out today FedEx NDA to your attention.

I did speak with Mark today and we are 100% owned by NDC Intermediate Holdings LLC there are no owners or shareholders that are people. Once you receive the attached it should be all you need please let me know if you need anything else.

Thanks.

Tammy Beasley | Sr. Manager, Compliance

Darlene Nases

From: Darlene Nases
Sent: Thursday, August 26, 2021 7:30 AM
To: 'Tammy Beasley'
Cc: Mark I. Sedar; Olivia Mora
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (La Vergne, TN) - Need more information

Got it. Thanks for the clarification.
I will print this email out and attach to the application.

In the event, someone questions why this application is "No".

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
dnases@pharmacy.nv.gov

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From: Tammy Beasley <tbeasley@ndc-inc.com>
Sent: Thursday, August 26, 2021 7:20 AM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (La Vergne, TN) - Need more information

He is not a owner, shareholder or partner. He is an officer/director. We may have answered incorrectly in the past. Just let me know I will update all forms and resubmit if necessary.

Tammy Beasley | Sr. Manager, Compliance

NDC Delivering Efficiency to Healthcare

402 BNA Dr. Ste 500, Nashville, TN 37217
direct: 615.366.3225 **cell:** 615.300.9051 **fax:** 615.208.1679
website | facebook | twitter | linkedin

From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Thursday, August 26, 2021 9:18 AM
To: Tammy Beasley <tbeasley@ndc-inc.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (La Vergne, TN) - Need more information

Hello Tammy,

I am a bit confused.

The question that you marked "yes" is the same question that the two new applications for La Vergne, TN and Las Vegas, NV were marked as "No".

Please see question below –

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)?

I can update the NEW application. If you can send over the explanation and court documents so I can attach to the application.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
dnases@pharmacy.nv.gov

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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: Tammy Beasley <tbeasley@ndc-inc.com>
Sent: Thursday, August 26, 2021 5:53 AM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (La Vergne, TN) - Need more information

Ok I can update that but when we read the new applications you published this did not fit the description of the current question. Do you still need me to add this? If so I will. I had him read the question as well and he stated it no longer fit the description.

Please let me know as I just mailed two new applications for a location in Las Vegas we are opening.

Thanks for you help and information on this.

Tammy Beasley | Sr. Manager, Compliance

NDC Delivering Efficiency to Healthcare

402 BNA Dr. Ste 500, Nashville, TN 37217
direct: 615.366.3225 | **cell:** 615.300.9051 | **fax:** 615.208.1679
website | facebook | twitter | linkedin

From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Wednesday, August 25, 2021 4:31 PM
To: Tammy Beasley <tbeasley@ndc-inc.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (La Vergne, TN) - Need more information

Hello Tammy,

I am following up on this email.

As a courtesy, your previous application disclosed a reckless misdemeanor against Mark Seitz.
Your current applications does not have Mark's disclosure notated.

Please be advise that your current application and future applications should have this disclosure mentioned.

Would you like us to update the application? If so, please provide the court documents and explanation of events that occurred.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
dnases@pharmacy.nv.gov

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From: Darlene Nases
Sent: Tuesday, August 24, 2021 7:42 AM
To: 'Tammy Beasley' <tbeasley@ndc-inc.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (La Vergne, TN) - Need more information

Thanks. I will keep an eye out for these documents.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
dnases@pharmacy.nv.gov

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From: Tammy Beasley <tbeasley@ndc-inc.com>
Sent: Monday, August 23, 2021 12:09 PM

4J

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☑ New MDEG		☑ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Penumbra Headquarters

MDEG Physical Address: One Penumbra Place

City: Alameda State: CA Zip: 94502

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (510) 748-3200 Website: www.penumbrainc.com

Email: legal@penumbrainc.com

Name of MDEG Administrator (NAC 639.694): Tatiana Ermakova

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☑ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☐ 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: Chris Mabeus Telephone: (702) 826-8117

Days and Hours of Operation

Mon:	5 am PT - 2 am PT (Tues)
Tues	5 am PT - 2 am PT (Wed)
Wed:	5 am PT - 2 am PT (Thurs)
Thurs:	5 am PT - 2 am PT (Fri)
Fri:	5 am PT - 2 am PT (Sat)
Sat:	5 am PT - 2:30 pm PT
Sun:	5:30 pm PT - 2 am PT (Mon)
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))
None.

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 practicing 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: Delaware

Parent Company (if any):

Corporation Name: Penumbra, Inc.

Mailing Address: One Penumbra Place

City: Alameda State: CA Zip: 94502

Telephone: (510) 748-3200 Email: legal@penumbrainc.com

Contact Person Name: Johanna Roberts, EVP, General Counsel and Secretary

Date of SEC Registration: 9/17/15	SEC Registration Number: 001-37557	Stock Exchange Symbol: PEN

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all 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.

Johanna Roberts

Print Name of Authorized Person Submitting Application

Johanna Roberts

Original signature of Authorized Person (copies or stamps not accepted)

July 28, 2021

Date

Board Use Only	Date Received: _____	Amount: 500 (CC)

NEVADA STATE BOARD OF PHARMACY

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Section 9

- List of all Officers and Directors

Directors
Adam Elsesser
Arani Bose
Harpreet Grewal
Don Kassing
Janet Leeds
Bridget O'Rourke
Surbhi Sarna
Thomas C. Wilder

Officers
Adam Elsesser – President and CEO
Arani Bose – Chief Innovator
James Pray – President, International
Johanna Roberts – Executive Vice President, General Counsel and Secretary
Lynn Rothman – Executive Vice President and Chief Business Officer
Lambert Shiu – Chief Accounting Officer
Maggie Yuen – Chief Financial Officer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PENUMBRA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JULY, 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 "PENUMBRA, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2004.

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

Jeffrey W. Bullock, Secretary of State

3818937 8300

SR# 20212602053

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

Authentication: 203579077

Date: 07-01-21

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Penumbra, Inc.
1 Penumbra Place
Alameda, CA 94502

LICENSE NUMBER: **49011**
EXPIRATION DATE: **5/13/2023**

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 5/18/2021

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/23/2021

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 Woodruff-Sawyer & Co. 50 California Street, Floor 12 San Francisco CA 94111	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 415-391-2141 **FAX (A/C, No):** **E-MAIL ADDRESS:**
	INSURER(S) AFFORDING COVERAGE — **NAIC #** **INSURER A :** Federal Insurance Company — 20281 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**
INSURED PENUINC-01 Penumbra, Inc. One Penumbra Place Alameda CA 94502	

COVERAGES **CERTIFICATE NUMBER:** 1246980119 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			35877931	4/25/2021	4/25/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 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 Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A **(Mandatory in NH)** 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	Products Liability Retro Date: 4/25/2006			35877932	4/25/2021	4/25/2022	Each Occurrence: Annual Aggregate:	$10,000,000 $10,000,000

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

CERTIFICATE HOLDER

*Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Debbie Haworth

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Penumbra, Inc. MDEG License # (if applicable) _____

Physical Address One Penumbra Place

City Alameda State CA Zip 94502

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (510) 748-3200 Website www.penumbrainc.com

Licensing Company Email legal@penumbrainc.com

Section 2: Personal Information

First Tatiana Middle _____ Last Ermakova

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Canyon Ridge Pl

City Castro Valley State CA Zip 94552

Telephone [redacted] Email termakova@penumbrainc.com

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 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of California, Berkeley, School of Public Health			09/03 - 05/04
Address	**City**	**State**	**Zip**
2121 Berkeley Way, Room 5302	Berkeley	CA	94720-7360
Diploma/Degree obtained, if any			
Master of Public Health, epidemiology			

School Name			From - To (MM/YY – MM/YY)
University of Milan, Italy			03/96 -10/96
Address	**City**	**State**	**Zip**
Università degli Studi di Milano Via Festa del Perdono 7	Milano	Italy	20122
Diploma/Degree obtained, if any			
Doctor of Medicine			

School Name			From - To (MM/YY – MM/YY)
Moscow state University of Medicine and Dentistry			09/82 - 06/88
Address	**City**	**State**	**Zip**
Delegatskaya street, 20-1	Moscow	Russia	127473
Diploma/Degree obtained, if any			
Doctor of Medicine			

School Name			From - To (MM/YY – MM/YY)
School N 68 (high school)			09/80 - 06/82
Address	**City**	**State**	**Zip**
Davidkovskaya d.4	Moscow	Russia	
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/09 - 07/21	[redacted] Canyon Ridge Pl	Castro Valley	CA	94552
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)	
N/A (has associate's degree or higher degree from an accredited college or university in a field c			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
N/A (has associate's degree or higher degree from an accredited college or university in a field of study that is directly rel			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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. <u>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.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

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)

07/21/2021
Date

I, Tatiana Ermakova, **certify that as the MDEG Administrator for**

Penumbra, Inc.,

that I (initial that you have read and meet the following requirements):

1. TE Have a high school diploma or its equivalent;
2. TE 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. TE 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. TE 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.

Tatiana Ermakova
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/21/2021
Date

Board Use Only	Date Received:

4K

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Somnics Health

MDEG Physical Address: 370 Convention way, suite 201

City: Redwood City State: CA Zip: 94063

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 8337666427 Website: www.inapsleep.online

Email: contact.us@somnics.com

Name of MDEG Administrator (NAC 639.694): Olivier Lauzeral

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others: Sleep apnea treatment device

** 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:	9m ~5pm PST
Tues	9m ~5pm PST
Wed:	9m ~5pm PST
Thurs:	9m ~5pm PST
Fri:	9m ~5pm PST
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))
NA

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: NA 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 practicing 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: DE

Parent Company (if any): Somnics, Inc. (Taiwan corporation)

Corporation/Organization Name: Somnics Health, Inc.

Mailing Address: 370 Convention way, suite 201

City: Redwood City State: CA Zip: 94025

Telephone: 833.766.6427 Email: contact.us@somnics.com

Contact Person Name: Olivier Lauzeral

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all 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.

Olivier Lauzeral

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

July 13, 2021

Date

Board Use Only	Date Received: _____	Amount: $650 (CC)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Somnics Health, Inc.

Physical Address: 870 Convention Way

City: Redwood City State: CA Zip: 94063

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 1-833-706-6427 Website: https://www.inapsleep.online/

Licensing Company Email: inapteam@somnics.com

Section 2: Personal Information

First: Chung-Chu Middle: Last: Chen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Sec. 1, Hsing-Long Rd

City: Zhubei, Hsinchu State: TW Zip: 30272

Telephone: [redacted] Email: chungchu1@somnics.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials CC CC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Stanford University		08/02-06/04	
Address	**City**	**State**	**Zip**
450 Serra Mall.	Stanford	CA	94305
Diploma/Degree obtained, if any			
Postdoc			
School Name		**From - To (MM/YY – MM/YY)**	
National Tsing Hua University		09/94-06/99	
Address	**City**	**State**	**Zip**
101, Section 2, Kuang-Fu Road.	Hsinchu	Taiwan	300044
Diploma/Degree obtained, if any			
Doctor of Philosophy			
School Name		**From - To (MM/YY – MM/YY)**	
National Taiwan University		09/90-06/94	
Address	**City**	**State**	**Zip**
No. 1, Sec. 4, Roosevelt Rd.	Taipei	Taiwan	10617
Diploma/Degree obtained, if any			
Bachelor of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/15-08/21	[redacted] Sec. 1, Hsing-Long Rd	Zhubei	Taiwan	30268
01/10-01/15	12F, 88, Guangming 9th Rd.	Zhubei	Taiwan	30272

Applicant's initials CC CC.

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Somnics, Inc.			01/11-08/21	
Business Address		**City**	**State**	**Zip**
5F, 22, Sec. 2, Sheng-Yi Rd.		Zhubei	Taiwan	30261
Phone	**Title**			
+886-3-5509623	CEO			
Description of Duties				
Day-to-day operating, company's goals & strategies setting, team building, fund raising.				

Business Name			From - To (MM/YY – MM/YY)	
MEDEON BIODESIGN, Inc.			12/12-05/15	
Business Address		**City**	**State**	**Zip**
7F, 116, HouGang Street		Taipei	Taiwan	11170
Phone	**Title**			
+886-2-2881-6686	VP Advanced Technology			
Description of Duties				
New technology assessment, new ventures investment and incubation.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CC C.C. 4

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials CC C.C. 5

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials CC C.C.

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.

CHUNG-CHU CHEN

Print Name (First, Last)

Chu, Cung-Chu — 2021. Aug. 18

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Taiwan (ROC), ss. County of Hsinchu.

I, Chung-Chu Chen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Chu, Cung-Chu — 2021. Aug. 18

Original Signature — **Date**

Subscribed and Sworn to before me this 18th day of August, 2021.

Yi-Hsuan Li Notary Public

Notary Public Signature

001258 AUG. 18 2021

Case No.: 11° Hsin-Yuan-Min-Jen-Yi-Tzu 58 Date:

Attested at the Yi-Hsuan Li Notary Public Office, Taiwan Hsinchu District Court, R.O.C., that the signature(s)/seal(s) in this document is/are authentic.

Notary Public

Yi-Hsuan Li

FOR THE CONTENTS OF THIS DOCUMENT, THE NOTARY PUBLIC ASSUMES NO RESPONSIBILITY

(Seal)

Address: 2F., No. 280, Sec. 1, Wenxing Rd., Zhubei City, Hsinchu County 302, Taiwan (R.O.C.)

TEL: 886-3-5506081

Applicant's initials CC C.C. 7

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Somnics Health MDEG License # (if applicable) _____

Physical Address 370 Convention way, #201

City Redwood City State CA Zip 94063

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone +1-833-766-6427 Website www.inapsleep.online

Licensing Company Email contact.us@somnics.com

Section 2: Personal Information

First Olivier Middle Jean Last LAUZERAL

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Convention way, [redacted]

City Redwood city State CA Zip 94063

Telephone [redacted] Email olivier@somnics.com

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 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Anderson school at UCLA			From - To (MM/YY – MM/YY): 08/00 - 06/02
Address: 110 Weswood plaza	City: Los Angeles	State: CA	Zip: 90095
Diploma/Degree obtained, if any: MBA			
School Name: Telecom Paris			From - To (MM/YY – MM/YY): 08/88 - 08/89
Address: Avenue Edouard Belin	City: Toulouse	State: FRANCE	Zip: 31
Diploma/Degree obtained, if any: MScience - Aerospace engineering			
School Name: Ecole Catholique d'Arts et Metiers			From - To (MM/YY – MM/YY): 09/85 - 06/88
Address: 40, Monte St. Barthelemy	City: Lyon	State: France	Zip: 69005
Diploma/Degree obtained, if any: MScience - Mechanical engineering			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/13 - current	[redacted] Encina Avenue	Menlo Park	CA	94025
06/05 - 12/12	2007 Elwell Road	Belmont	CA	94002

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)	
Somnics Health		07/20 - current	
Business Address	**City**	**State**	**Zip**
370 Convention Way #201	Redwood City	CA	94063
Phone	**Title**	**Number of Employed Hours**	
1.833.766.6427	General Manager	2040	
Description of Duties			
Manage all aspects of operations: customer care, physician training, employees recruiting & training, partnerships, sales,			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**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	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	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 any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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, Olivier LAUZERAL, **certify that as the MDEG Administrator for** Somnics Health, **that I (initial that you have read and meet the following requirements):**

1. J 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.

Olivier LAUZERAL
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

July 23th 2021
Date

Board Use Only	Date Received:

CERTIFICATE OF INCORPORATION

OF

SOMNICS HEALTH, INC.

A DELAWARE CORPORATION

The undersigned, a natural person (the "***Sole Incorporator***"), for the purpose of organizing a corporation to conduct the business and promote the purposes hereinafter stated, under the provisions and subject to the requirements of the laws of the State of Delaware hereby certifies that:

I.

The name of this corporation is Somnics Health, Inc.

II.

The registered office of the corporation in the State of Delaware shall be 16192 Coastal Highway, Lewes, Delaware 19958-9776, County of Sussex and the name of the registered agent of the corporation in the State of Delaware at such address is Harvard Business Services, Inc.

III.

The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the Delaware General Corporation Law.

IV.

This corporation is authorized to issue only one class of stock, to be designated Common Stock. The total number of shares of Common Stock presently authorized is 10,000,000, each having a par value of $0.00001.

V.

A. The management of the business and the conduct of the affairs of the corporation shall be vested in its Board of Directors. The number of directors which shall constitute the whole Board of Directors shall be fixed by the Board of Directors in the manner provided in the Bylaws.

B. Directors shall be elected at each annual meeting of stockholders to hold office until the next annual meeting. Each director shall hold office either until the expiration of the term for which elected or appointed and until a successor has been elected and qualified, or until such director's death, resignation or removal. No decrease in the number of directors constituting the Board of Directors shall shorten the term of any incumbent director.

C. No person entitled to vote at an election for directors may cumulate votes to which such person is entitled unless required by applicable law at the time of such election. During such time or times that applicable law requires cumulative voting, every stockholder entitled to vote at an election for directors may cumulate such stockholder's votes and give one candidate a number of votes equal to the number of

directors to be elected multiplied by the number of votes to which such stockholder's shares are otherwise entitled, or distribute the stockholder's votes on the same principle among as many candidates as such stockholder desires. No stockholder, however, shall be entitled to so cumulate such stockholder's votes unless (A) the names of such candidate or candidates have been placed in nomination prior to the voting and (B) the stockholder has given notice at the meeting, prior to the voting, of such stockholder's intention to cumulate such stockholder's votes. If any stockholder has given proper notice to cumulate votes, all stockholders may cumulate their votes for any candidates who have been properly placed in nomination. Under cumulative voting, the candidates receiving the highest number of votes, up to the number of directors to be elected, are elected.

D. Subject to any limitations imposed by applicable law, the Board of Directors or any director may be removed from office at any time, with or without cause, by the affirmative vote of the holders of a majority of the voting power of all then-outstanding shares of capital stock of the corporation entitled to vote generally at an election of directors.

E. The Board of Directors is expressly empowered to adopt, amend or repeal the Bylaws of the corporation. The stockholders shall also have power to adopt, amend or repeal the Bylaws of the corporation; provided, however, that, in addition to any vote of the holders of any class or series of stock of the corporation required by law or by this Certificate of Incorporation, such action by stockholders shall require the affirmative vote of the holders of at least a majority of the voting power of all of the then-outstanding shares of the capital stock of the corporation entitled to vote generally in the election of directors, voting together as a single class.

F. Unless and except to the extent that the bylaws of the corporation shall so require, the election of directors of the corporation need not be by written ballot.

VI.

A. The liability of the directors for monetary damages for breach of fiduciary duty as a director shall be eliminated to the fullest extent under applicable law.

B. To the fullest extent permitted by applicable law, the corporation is authorized to provide indemnification of (and advancement of expenses to) directors, officers and agents of the corporation (and any other persons to which applicable law permits the Company to provide indemnification) through Bylaw provisions, agreements with such agents or other persons, vote of stockholders or disinterested directors or otherwise in excess of the indemnification and advancement otherwise permitted by such applicable law. If applicable law is amended after approval by the stockholders of this Article VI to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director to the corporation shall be eliminated or limited to the fullest extent permitted by applicable law as so amended.

C. Any repeal or modification of this Article VI shall only be prospective and shall not affect the rights or protections or increase the liability of any officer or director under this Article VI in effect at the time of the alleged occurrence of any act or omission to act giving rise to liability or indemnification.

VII.

The corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are granted subject to this reservation.

VIII.

The name and the mailing address of the Sole Incorporator is as follows:

Chung-Chu Chen
[redacted] Showers Dr., Apt [redacted]
Mountain View, CA 94040

This Certificate has been subscribed as of August 4, 2020 by the undersigned who affirms that the statements made herein are true and correct.

Somnics Health, Inc. General Corporation SEAL 2020 DELAWARE

CHUNG-CHU CHEN
Sole Incorporator

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Somnics Health Inc
370 Convention Way
Suite#201
Redwood City, CA 94063

LICENSE NUMBER: 113089
EXPIRATION DATE: 2/1/2022

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

富邦產險 Fubon Insurance

Fubon Insurance Co.
237, Chien Kuo South Road, Sec. 1, Taipei, Taiwan, Republic of China
TEL: 886-2-6636 7890
免費申訴電話 (Toll-Free Number): 0800-009-888

CERTIFICATE OF LIABILITY INSURANCE

DATE: Nov. 23, 2020

PRODUCER
Fubon Insurance Co., Ltd.

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: Fubon Insurance Co., Ltd.

INSURED
Somnics, Inc.
5F, No. 22, Sec. 2, Shengyi Rd., Zhubei City, Hsinchu County

INSURER B:

INSURER C:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	0320ALS0000003	11/10/2020	11/10/2021	EACH OCCURRENCE	US$2,000,000
	[ ] PREMISE OPERATION – OCCURRENCE				FIRE DAMAGE (Any one fire)	
	[x] PRODUCTS COMPLETED OPERATIONS-CLAIMS MADE AND REPORTED				MED EXP (Any one person)	
	[ ] OCCURRENCE				PERSONAL & ADV INJURY	
	GENERAL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	Not Covered
	[x] POLICY				PRODUCTS – COMP/OP AGG	US$2,000,000
	[ ] PROJECT					
	[ ] LOCATION					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
	[ ] ANY AUTO				BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
	[ ] HIRED AUTOS					
	[ ] NON-OWNED AUTOS					
	EXCESS LIABILITY				EACH OCCURRENCE	
	[ ] CLAIMS MADE [ ] OCCURRENCE				AGGREGATE	
	[ ] DEDUCTIBLE					
	[ ] RETENTION					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Insured Product:
iNAP Lite Sleep Therapy System, iNAP One Sleep Therapy System, iNAP accessories (Oral interface kit, Tubing set, DryPad), which are manufactured by the insured and exported to the Coverage Territory of this policy.
(Warranted that all products insured are complied with statutory requirement and other mandatory and / or voluntary industrial / safety standards of importing countries.)

CERTIFICATE HOLDER

To whom it may concern

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provision.

新竹分公司
協理 陳美朱 陳美朱

AUTHORIZED REPRESENTATIVE

富邦產險 Fubon Insurance
財政部核發營業執照：台保要第028號
Fubon Insurance Co., Ltd.
237, Chien Kuo South Road, Sec. 1, Taipei, Taiwan, Republic of China
TEL: 886-2-6636 7890
免費申訴電話 (Toll-Free Number) : 0800-009-888

Original

富邦產物Life Science Liability Insurance Endorsement

Endorsement No.	: 0503-20ALS0000003-1	Issue Date : November 23, 2020
Policy No.	: 0503-20ALS0000003	
Applicant	: Somnics, Inc.	
Insured	: Somnics, Inc.	
Policy Period	: From November 10, 2020 00:00 to November 10, 2021 00:00 (standard time at your mailing address shown in policy)	

Alterations

It is hereby declared and agreed, with effect from November 10, 2020 00:00, this policy shall be partly revised as below:

1. Retroactive Date of Products-Completed Operations Hazard is revised as Nov. 10, 2015 for iNAP Lite Sleep Therapy System, iNAP One Sleep Therapy System, iNAP accessories (Oral interface kit, Tubing set, DryPad) sold to worldwide excluding USA/Canada and applied a sub-limit of US$1,000,000 each occurrence/policy aggregate.
Nov. 10, 2020 for iNAP Lite Sleep Therapy System, iNAP One Sleep Therapy System, iNAP accessories (Oral interface kit, Tubing set, DryPad) sold to worldwide including USA/Canada and applied Limits of Liability of US$2,000,000 each occurrence/policy aggregate.

2. Named Insured' s Products : iNAP Lite Sleep Therapy System, iNAP One Sleep Therapy System, iNAP accessories (Oral interface kit, Tubing set, DryPad)

3. Other Conditions under this policy is revised as below:
Additional Insured :Somnics Health, Inc.

All other terms and conditions remain unchanged.

In Witness Whereof the Undersigned acting on behalf of and under the authority of the Company Has hereunto set his hand at Taiwan this 23rd day of November, 2020.

富邦產物保險股份有限公司
總經理 羅建明

保險單條碼

0503-20ALS0000003-1

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SOMNICS HEALTH, INC.

FILE NUMBER:	C4629516
REGISTRATION DATE:	08/11/2020
TYPE:	FOREIGN CORPORATION
JURISDICTION:	DELAWARE
STATUS:	ACTIVE (GOOD STANDING)

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

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 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 July 19, 2021.

Shirley N. Weber, Ph.D.
Secretary of State

NP-25 (REV 01/2021)

DMT

Olivia Mora

From: Olivier Lauzeral <olivier@somnics.com>
Sent: Friday, September 3, 2021 9:31 AM
To: Darlene Nases
Cc: Olivia Mora
Subject: Re: Nevada Out of State MDEG Application - Need more information

Hello Darlene

Thank you for your email.
I have the MDEG admin form on my desk, signed as of July 28th.
Do you need the original one I assume? or can I scan it and send it to you?

Also Somnics Health is a wholly owned subsidiary of a Taiwan corporation. So we have only one officer and director, which is the CEO of the Taiwan corporation ("sole incorporator"). This is stated in the certificate of incorporation that I sent you already.
We don't have other documentation about a list of officers or directors, because we don't have them in the US.

Can you help me finding the best documentation to comply?

thank you

Best Regards

Olivier Lauzeral
General Manager
Somnics Health, Inc.
+1 408 204 5183
olivier@somnics.com
www.somnics.com
www.inapsleep.online

Messages in this email and any attachments hereof are confidential, intended solely for the use of the named recipient(s) above and may contain confidential information and/or privileged communications and/or otherwise exempt from disclosure under applicable law. Any unauthorized review, use, copying, disclosure or dissemination of any information contained in or attached to this email is STRICTLY PROHIBITED. If you are not the intended recipient(s), or have received this email in error, please immediately notify the sender by email or telephone and delete this email and any attached documents from your computer and mail server. Receipt by anyone other than the intended recipient(s) is not a waiver of confidentiality and/or any legal privilege. Thanks for your cooperation.

> On Sep 3, 2021, at 8:50 AM, Darlene Nases <dnases@pharmacy.nv.gov> wrote:
>
> Hello Olivier,
>
> Sorry, I was out of office. I reviewed your application.
> We received the Personal History record.

However, we need the MDEG Administrator form and a list of officers and directors. Can you please provide?

When received, we can work to add you to our Consent Agenda for our October Meeting for approval if everything looks good.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
dnases@pharmacy.nv.gov

<image001.jpg>

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: Olivier Lauzeral <olivier@somnics.com>
Sent: Tuesday, August 31, 2021 3:12 PM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Cc: Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: Re: Nevada Out of State MDEG Application - Need more information

Thank you Darlene

What are the next steps in the application?

Best Regards

Olivier Lauzeral
General Manager
Somnics Health, Inc.
+1 408 204 5183
olivier@somnics.com
www.somnics.com
www.inapsleep.online

Messages in this email and any attachments hereof are confidential, intended solely for the use of the named recipient(s) above and may contain confidential information and/or

4L

NEVADA STATE BOARD OF PHARMACY

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

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) LLC
☐ Name Change*		☒ Partnership (complete sections 1, 2, 3, 4, 7, 9) ~~Attorney~~
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Summit Services & Supplies LLC

MDEG Physical Address: 806 Pine Ave

City: Kemmerer State: Wyoming Zip: 83101

Mailing Address (if different from physical address): PO Box 1074

City: Kemmerer State: WY Zip: 83101

Telephone: 307 877 2993 Website: www.summitservicesusa.com

Email: madonna@summitservicesusa.com

Name of MDEG Administrator (NAC 639.694): Madonna Long

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: Medical Devices + Supplies * Urological supplies only

** 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: APM Medical Telephone: 844 743 7373 844-743-7373

Days and Hours of Operation

Mon:	10 am to 4pm
Tues:	10 am to 4 pm
Wed:	10 am to 4 pm
Thurs:	10 am to 4 pm
Fri:	10 am tyo 4 pm
Sat:	closed
Sun:	closed
Holidays:	closed

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))
NPI 1568054872
Medicare 7911390001

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 practicing 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: Wyoming

Parent Company (if any): N/A

Corporation/Organization Name: Summit Services & Supplies LLC

Mailing Address: PO Box 1074

City: Kemmerer State: WY Zip: 83101

Telephone: 307 877 2993 Email: madonna@summitservicesusa.com

Contact Person Name: Madonna Long

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all 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.

Madonna Long
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

0/17/2021
Date

Board Use Only	Date Received: _____	Amount: 500 check # 125

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

Madonna Long - CEO
806 Pine Ave Kemmerer Wyoming

Summit Services & Supplies

Madonna Long CEO
806 Pine Ave, Kemmerer Wyoming 83101
PO Box 1074, Kemmerer Wyoming 83101 Mailing

307 877 2993
814 341 4156 Mobile

Medical Supplies & Services
Cleaning, Disinfecting & Pathogen Protection Supplies

madonna@summitservicesusa.com
summitservicesusa.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler information

Name of Pharmacy/MDEG/Wholesaler: Summit Services & Supplies LLC

Physical Address: 806 Pine Ave

City: Kemmerer State: WY Zip: 83101

Mailing Address (if different from physical address): PO Box 1074

City: Kemmerer State: WY Zip: 83101

Telephone: 307 877 2993 Website: www.summitservicesusa.com

Licensing Company Email: madonna@summitservicesusa.com

Section 2: Personal Information

First: Madonna Middle: EM Last: Long

Alias(es, nicknames, name changes, etc.): Crosthwaite

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: PO Box [redacted]

City: Kemmerer State: WY Zip: 83101

Telephone: [redacted] Email: madonna@summitservicesusa.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: MG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kemmerer High School		08/1979-06/1982	
Address	**City**	**State**	**Zip**
1525 3rd West Ave	Kemmerer	WY	83101
Diploma/Degree obtained, if any			
High School 1982			

School Name		From - To (MM/YY – MM/YY)	
University of Wyoming		08/1982-06/1983	
Address	**City**	**State**	**Zip**
4008 , 100 E University Ave	Laramie	WY	82071
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
Florida Metropolitian University		08/2004-08/2006	
Address	**City**	**State**	**Zip**
2530 E Oakland Pard Blvd	Ft Laurderdale	FL	33306
Diploma/Degree obtained, if any			
Associates in Homeland Security			

School Name		From - To (MM/YY – MM/YY)	
Everest University		06/2006-12/2009	
Address	**City**	**State**	**Zip**
2530 E Oakland Pard Blvd	Ft Laurderdale	FL	33306
Diploma/Degree obtained, if any			
Bachlors of Science Homeland Security			

School Name		From - To (MM/YY – MM/YY	
Modern Technology School of Medical Billing Xray			
Address	**City**	**State**	**Zip**
16560 Harbor Blvd	Fountain City	CA	92708
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2020 - Present	[redacted] Pine Ave	Kemmerer	WY	83101
03/2020 -10/2020	4881 West Cottagebrook Circle	Kemmerer	WY	83101
08/2016 - 03/2020	701 N 1st Street	Battle Mtn	NV	83101
06/2012- 08/2016	135 Crissinger Road	Greensburg	PA	15601
07/2005 - 08/2012	172 Jamesway Road	Ebensburg	PA	15931
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Summit Services & Suppies LLC				From - To (MM/YY – MM/YY): 10/2020 - Presentc
Business Address: 806 Pine Ave		City: Kemmerer	State: WY	Zip: 83101
Phone: 308 877 2993	Title: Owner			
Description of Duties: Medical Supply company				

Business Name: Madonna Long Consulting LLC				From - To (MM/YY – MM/YY): 11/2007 to Present
Business Address: 701 N 1st Street		City: Battle Mtn	State: NV 83101	Zip: 83101
Phone: 814 341 4156	Title: Owner			
Description of Duties: Consulting to DME or Disabled legislation				

Business Name: Rider Mobility				From - To (MM/YY – MM/YY): 09/2019 - 03/2020
Business Address: 7320 Smoke Ranch Road		City: Las Vegas	State: NV	Zip: 89128
Phone: 702 272 0230	Title: Patient Advocate Billing Client Relations			
Description of Duties: Work with Patients on mobility devices				

Business Name: Pride Mobility Products				From - To (MM/YY – MM/YY): 11/2007 - 03/2020
Business Address: 182 Susquehanna Ave		City: Exeter	State: PA	Zip: 18643
Phone: 570 655 5574	Title: Patient Consumer Advocate for Mobility Products			
Description of Duties: Government Affairs and Product Development Help on Wheelchairs and Mobility Productys *(Consultant - NOT Employee)				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			
Description of Duties:				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

8/17/2021

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Madonna Long

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/17/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Wyoming, ss. County of Lincoln

I, Madonna Long, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/19/2021

Date

Subscribed and Sworn to before me this 19th day of August.

Notary Public Signature

MEGAN C SMITH
Notary Public - Wyoming
Lincoln County
My Commission Expires Jun 28, 2025

(Seal)

Applicant's initials _____

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,

Summit Services & Supplies LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 7, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000963384**.

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 8th day of June, 2021 at 9:00 PM. This certificate is assigned ID Number 045086832.

[redacted]

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.

NOTICE:
THIS LICENSE MUST BE POSTED
IN A CONSPICUOUS PLACE

CITY OF KEMMERER
220 WYOMING HIGHWAY 233
KEMMERER, WYOMING 83101

LICENSE NO. 726

DATE ISSUED: 10/01/2020

BUSINESS LICENSE

The below named person or firm is hereby granted a license to do business as stated below in Kemmerer, Wyoming, subject to provisions of the Kemmerer City Codes, adopted June 30, 1988, and subsequent amendments relating to business licenses for the period indicated:

LICENSE PERIOD: Expires 01/31/2021

NAME: MADONNA LONG

TO: SUMMIT SERVICES & SUPPLIES
PO BOX 1074
KEMMERER WY 83101

TYPE OF BUSINESS:
MEDICAL SUPPLIES

BUSINESS LOCATION:
806 PINE AVENUE

FEE: 50.00

This license is not transferable or refundable; good only for person or persons and premises named above.

Glenda R. Young
CITY CLERK

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

Summit Services & Supplies

KEMMERER, WYOMING

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

Medical Supply Provider Services

FROM *May 17, 2021* THROUGH *May 16, 2024*

PRESIDENT & CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

ACCREDITATION COMMISSION FOR HEALTH CARE
ACHC

STATE OF WYOMING * SECRETARY OF STATE
EDWARD A. BUCHANAN
BUSINESS DIVISION

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020
Phone 307-777-7311
Website: https://sos.wyo.gov · Email: business@wyo.gov

Filing Information

Please note that this form CANNOT be submitted in place of your Annual Report.

Name	**Summit Services & Supplies LLC**
Filing ID	**2020-000963384**
Type	Limited Liability Company
Status	Active

General Information

Old Name	
Fictitious Name	
Sub Type	
Formed in	Wyoming
Term of Duration	Perpetual
Sub Status	Current
Standing - Tax	Good
Standing - RA	Good
Standing - Other	Good
Filing Date	12/07/2020 7:12 PM
Delayed Effective Date	
Inactive Date	

Principal Address

806 Pine Ave
Kemmerer, WY 83101

Mailing Address

PO Box 1074
Kemmerer, WY 83101

Registered Agent Address

Madonna EM Long
806 Pine Ave
PO Box 1074
Madonna Long
Kemmerer, WY 83101

Parties

Type	Name / Organization / Address
Organizer	Madonna EM Long PO Box 1074, Kemmerer, Wyoming 83101

Notes

Date	Recorded By	Note

Annual Report History

Num	Status	Date	Year	Tax

Filing Information

Please note that this form CANNOT be submitted in place of your Annual Report.

Name	**Summit Services & Supplies LLC**
Filing ID	**2020-000963384**
Type	Limited Liability Company
Status	Active

Amendment History

ID	Description	Date
See Filing ID	Initial Filing	12/07/2020

NEVADA STATE BOARD OF PHARMACY

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

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

LICENSE VERIFICATION

Name: Summit Services + Supplies LLC

Address: 906 Pine Cove

City: Kemmerer State: WY Zip: 83101

I hereby authorize the Jaclena Long 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

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

(IRS USE ONLY) 575G 12-07-2020 SUMM O 9999999999 SS-4

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondance so we may identify your account. Please correct any errors in your name or address.

CP 575 G

9999999999

Your Telephone Number Best Time to Call
( ) -

DATE OF THIS NOTICE: 12-07-2020
EMPLOYER IDENTIFICATION NUMBER: 85-4179774
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

SUMMIT SERVICES & SUPPLIES LLC
SUMMIT SERVICES & SUPPLIES
% MADONNA EM LONG SOLE MBR
906 PINE AVE
KEMMERER, WY 83101

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

Policy No. CPS7329999 Effective Date 03/05/2021
12:01 A.M., Standard Time

Named Insured SUMMIT SERVICES & SUPPLIES LLC Agent No. 43003

Item 1. Limits of Insurance

Coverage	Limit of Liability
Aggregate Limits of Liability	$ 3,000,000 Products/Completed Operations Aggregate $ 3,000,000 General Aggregate (other than Products/Completed Operations)
Coverage A—Bodily Injury and Property Damage Liability	$ 1,000,000 any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
Damage to Premises Rented to You Limit	$ 100,000 any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Coverage B—Personal and Advertising Injury Liability	$ 1,000,000 any one person or organization subject to the General Aggregate Limits of Liability
Coverage C—Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits $ 5,000

Item 2. Description of Business

Form of Business:

☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☒ Limited Liability Company

☐ Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)

Location of All Premises You Own, Rent or Occupy:
SEE SCHEDULE OF LOCATIONS

Item 3. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:
See Schedule of Forms and Endorsements

Item 4. Premiums

Coverage Part Premium:	$ $1,000 MP
Other Premium:	$
Total Premium:	$ $1,000 MP

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

SCOTTSDALE INSURANCE COMPANY®

COMMERCIAL GENERAL LIABILITY COVERAGE PART
EXTENSION OF SUPPLEMENTAL DECLARATIONS

Policy No. CPS7329999 Effective Date: 03/05/2021
12:01 A.M., Standard Time

Named Insured SUMMIT SERVICES & SUPPLIES LLC Agent No. 43003

Prem. No.	Bldg. No.	Class Code	Exposure	Basis
1	1	15314	200,000	PER 1000/GROSS SALES

Class Description: MEDICAL, HOSPITAL AND SURGICAL SUPPLY STORES

Premises/Operations	
Rate	Premium
$.67	$134
Products/Comp Operations	
Rate	Premium
1.61	322

Prem. No.	Bldg. No.	Class Code	Exposure	Basis
		73444		GL Premium

Class Description: ERRORS & OMISSIONS COVERAGE PART PER FORM GLS (HI) 172S

Premises/Operations	
Rate	Premium
10.0000%	$250 MI
Products/Comp Operations	
Rate	Premium

Prem. No.	Bldg. No.	Class Code	Exposure	Basis
		49950	1	INCLUDED

Class Description: PRIMARY AND NONCONTRIBUTARY - OTHER INSURANCE CONDITION PER FORM CG 20 01

Premises/Operations	
Rate	Premium
INCLUDED	INCLUDED
Products/Comp Operations	
Rate	Premium

Prem. No.	Bldg. No.	Class Code	Exposure	Basis
		49950	1	INCLUDED

Class Description: BLANKET ADDITIONAL INSURED ENDORSEMENT PER FORM GLS (HI) 150S

Premises/Operations	
Rate	Premium
INCLUDED	INCLUDED
Products/Comp Operations	
Rate	Premium

PO BOX 100142 | COLUMBIA, SC 29202-3142 | PALMETTOGBA.COM | ISO 9001
NATIONAL SUPPLIER CLEARINGHOUSE MEDICARE ADMINISTRATIVE CONTRACTOR

PALMETTO GBA®
A CELERIAN GROUP COMPANY

July 22, 2021

SUMMIT SERVICES & SUPPLIES LLC
806 PINE AVE
KEMMERER WY 83101

NPI: 1568054872
PTAN: 7911390001

Dear SUMMIT SERVICES & SUPPLIES LLC:

Thank you for your request to the National Supplier Clearinghouse for a letter verifying your Medicare DMEPOS billing number, effective date, and participation status.

Your billing status is active and was effective May 17, 2021. Your participation status is Participating. Please note the billing status is valid only for the location listed below. Each location where a DMEPOS supplier provides Medicare-covered items to beneficiaries must obtain billing privileges.

Federal law (OBRA 1989) requires suppliers to file a Medicare claim for all beneficiaries to whom they have provided Medicare Part B services. You will use your National Provider Identifier (NPI) that was issued to the location listed below to bill claims to the Durable Medical Equipment Medicare Administrative Contractors (DME MACs).

Please note your supplier number 7911390001 is now referred to as your Provider Transaction Access Number (PTAN). The PTAN is an identifier to be used when contacting the NSC or the DME MACs with general inquiries. The DME MACs may refer to the PTAN as the supplier or legacy number.

All suppliers are required to maintain compliance with the Medicare DMEPOS supplier standards. To promote a higher level of ethical and lawful conduct within the DMEPOS program, the Office of Inspector General (OIG) has developed a Program Compliance Guidance. This information can be reviewed by visiting www.oig.hhs.gov/authorities/docs/frdme.pdf.

Suppliers are also required to notify the NSC of any changes to the information provided on the CMS 855S application form within 30 days (supplier standards #2). Inaccurate supplier information may impact claims processing.

If you have questions regarding the DMEPOS enrollment process, please contact the NSC at (866) 238-9652 or visit the NSC website at www.PalmettoGBA.com/NSC. For questions

regarding billing, please contact your DME MAC.

Sincerely,

Barry McManus, Director
National Supplier Clearinghouse

KEMMERER
806 PINE AVE
KEMMERER, WY 83101

Re: IS THERE A LINK SHOWS THAT WYO BOP DOES NOT REQUIRE DME OR MEDICAL SUPPLY COS IN WYO

Matt Martineau <matt.martineau@wyo.gov>

Wed 8/18/2021 12:47 PM

To: Madonna Long <madonna@summitservicesusa.com>
Cc: WYO BOP <bop@wyo.gov>; Keith Bennett <keith.bennett@wyo.gov>

Good afternoon Madonna,

They may refer to the Wyoming Pharmacy Act, the Wyoming Controlled Substances Act, and the Board's Rules and Regulations which are available on the Board's website at https://pharmacyboard.wyo.gov/laws. The Centers for Medicare & Medicaid Services (CMS) may maintain a database of all licenses that are required of businesses and individuals that supply DME. I hope this information helps.

Thank you for contacting the Wyoming State Board of Pharmacy.

On Wed, Aug 18, 2021 at 10:35 AM Madonna Long <madonna@summitservicesusa.com> wrote:

> IS THERE A LINK I CAN SHOW OTHER STATES THAT WYO DOES NOT HAVE A REQUIREMENT OF THE BOARD OF PHARMACY TO HAVE A STATE LISC FOR MEDICAL SUPPLY COMPANIES OR DME?
>
> Warm Regards,
>
> Madonna Long
> CEO Summit Services & Supplies LLC
> madonna@summitservicesusa.com
> 307 877 2993 office
> 307 316 2910 fax
> 814.341.4156 mobile
> summitservicesusa.com
> NPI 1568054872
>
> ACHC ACCREDITED

Wyoming Requires Does not require DME a Lisc for DME or Medical Supplies

--
Matthew R. Martineau, PharmD, RPh
Executive Director
Wyoming State Board of Pharmacy

1712 Carey Avenue, Suite 200
Cheyenne, WY 82002
Telephone: (307) 634-9636
Fax: (307) 634-6335

E-Mail to and from me, in connection with the transaction of public business, is subject to the Wyoming Public Records Act and may be disclosed to third parties.

E-Mail to and from me, in connection with the transaction

of public business, is subject to the Wyoming Public Records Act and may be disclosed to third parties.

palmettogba.com/licensure/licdirec.nsf/StateLicenseInformation_N?openform&State=WY

Businesses COVID 19 congress dis groups Tanner irs 360 Access madonna family wyoming campaigns u of wyoming Google Hangouts Farmers National...

DMEPOS LICENSE DIRECTORY State/Territory Map Filter Product/Services:

Wheelchairs (Complex Rehab Manual Rel Accessories) (M08A)

No License Required	No	No

Wheelchairs (Complex Rehab Power Rel Accessories) (M09A)

No License Required	No	No

Wheelchairs (Complex Rehabilitative Manual) (M08)

No License Required	No	No

Wheelchairs (Complex Rehabilitative Power) (M09)

No License Required	No	No

Wheelchairs (Standard Manual Related Accessories and Repairs) (M06A)

No License Required	No	No

Wheelchairs (Standard Manual) (M06)

No License Required	No	No

Wheelchairs (Standard Manual) (M06)

No License Required	No	No

Wheelchairs (Standard Power Related Accessories and Repairs) (M07A)

No License Required	No	No

Wheelchairs (Standard Power) (M07)

No License Required	No	No

COMMON POLICY DECLARATIONS

NEW

Underwritten by: Scottsdale Insurance Company
Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • A Stock Company

Policy Number
CPS7329999

ITEM 1. NAMED INSURED AND MAILING ADDRESS

SUMMIT SERVICES & SUPPLIES LLC

806 PINE AVE
KEMMERER WY 83101-2900

NO FLAT CANCELLATIONS
WY Taxes filed by Burns & Wilcox

AGENT NAME AND ADDRESS

BURNS & WILCOX LTD (SANDY, UT) 280 S 400 W STE 200 SALT LAKE CITY UT 84101-1889

Agent No.: 43003 Program No.: NONE

ITEM 2. POLICY PERIOD From: 03/05/2021 To: 03/05/2022 Term: 365

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: SALES OF DURABLE MEDICAL EQUIPMENT

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	$ $1,000 MP
Commercial Property Coverage Part	$ $500 MP
Commercial Crime And Fidelity Coverage Part	$ NOT COVERED
Commercial Inland Marine Coverage Part	$ NOT COVERED
Commercial Auto Coverage Part	$ NOT COVERED
Professional Liability Coverage Part	$ NOT COVERED

Premium	$1,500.00
Surpls Tax	$53.25
WY-SLAS	$3.11
Policy Fee	$150.00*
Inspct Fee	$125.00*
TOTAL:	$1,831.36

*FLAT AND FULLY EARNED

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Samuel Carson
111 S Wacker Dr Ste 3900, Chicago, IL 60606
"This insurance contract is issued pursuant to the Wyoming Nonadmitted Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Wyoming Insurance Department. In the event of insolvency of the surplus lines insurer, losses will not be paid by the Wyoming Insurance Guaranty Association or the Wyoming Life and Health Insurance Guaranty Association."

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE-NUMBERED POLICY.

Nationwide

SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy No. CPS7329999

Effective Date: 03/05/2021
12:01 A.M., Standard Time

Named Insured SUMMIT SERVICES & SUPPLIES LLC

Agent No. 43003

POLICY FEE	150.00
INSPECTION FEE	125.00
SURPLUS LINES TAX	53.25
STAMP FEE	3.11
TOTAL TAXES, SURCHARGES OR FEES:	331.36

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Summit Services & Supplies LLIC MDEG License # (if applicable) _____

Physical Address 806 Pine Ave

City Kemmerer State Wyoming Zip 83101

Mailing Address (if different from physical address) PO Box 1074

City Kemmerer State WY Zip 83101

Telephone 307 877 2993 Website www.summitservicesusa.com

Licensing Company Email madonna@summitservicesusa.com

Section 2: Personal Information

First Madonna Middle Elizabeth Marie Last Log

Alias(es, nicknames, name changes, etc.) Crosthwaite

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address PO Box [redacted]

City Kemmerer State WY Zip 83101

Telephone [redacted] Email madonna@summitservicesusa.com

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 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Kemmerer High School	City: Kemmerer	From - To (MM/YY – MM/YY): 8/179 - 6/1982	
Address: 1525 3rd W Ave		State: WY	Zip: 83101
Diploma/Degree obtained, if any: High School Diplomia			
School Name: University Of Wyoming	City: Laramie	From - To (MM/YY – MM/YY): 8/1982 - 6/1983	
Address: 1000 E University Ave,		State: WY	Zip: 82071
Diploma/Degree obtained, if any: none			
School Name: Modern Tech School of Xray and Medical Billing	City: Fountain Valley	From - To (MM/YY – MM/YY): 01/96 - 06/96	
Address: 16560 Harbor Blvd # K,		State: CA	Zip: 92708
Diploma/Degree obtained, if any: Medical Billing ICD CPT			
School Name: Floridia Met University	City: Ft Lauderdale	From - To (MM/YY – MM/YY): 9/2004 - 6/2006	
Address: 1040 Bayview Dr		State: FL	Zip: 33304
Diploma/Degree obtained, if any: Associates Degree Homeland Security			
School Name: Everest University	City: Fort Lauderdale	From - To (MM/YY – MM/YY	
Address: 2530 E Oakland Park Blvd,		State: FL	Zip: 33306
Diploma/Degree obtained, if any: Bachlors of Science Degree Homeland Security			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21 - Present	[redacted] Pine Ave [redacted]	Kemmerer	WY	83101
03/20 - 10/21	4881 Cottagebrook Cr	West Valley City	UT	84120
8/16 - 3/20	709 N 1st Street	Battle Mtn	NV	89820
8/12 0 8/16	135 Crissinger Road	Greensburg	PA	15601
07/04 - 08/12	174 Jamesway Road	Ebensburg	PA	15931
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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: Summit Services & Supplies LLC			From - To (MM/YY – MM/YY): 10/20 – Present
Business Address: 806 Pine Ave	City: Kemmerer	State: WY	Zip: 83101
Phone: 307 877 2993	Title: Owner		Number of Employed Hours: 1920
Description of Duties: Work with Client/Patients on Medical Supplies, Urlogicals and supplies/Doctors and RX/ Patient /Files/Billing			

Business Name: Rider Mobility			From - To (MM/YY – MM/YY): 01/20 - 3/20
Business Address: 7320 Smoke Ranch Rd Suite G	City: Las Vegas	State: NV	Zip: 89129
Phone: 70) 272-0230	Title: Advocate		Number of Employed Hours: 576
Description of Duties: Work with Patients/Client/ on DME and supplies/Doctors and RX/ Patient Files/Billing/Enter info on Patients RX Work wiht manufactures			

Business Name: Pride Mobility Corp			From - To (MM/YY – MM/YY): 11/04 – Present
Business Address: 182 Susquehanna Ave	City: Exeter	State: PA	Zip: 18643
Phone: 800-522-7391	Title: Consumer Advocate		Number of Employed Hours: 26,880
Description of Duties: Worked on Legislation for CRT and DME with legislators, patients and consumers, attended events with patients.			

Business Name: Battle Mtn General Hospital			From - To (MM/YY – MM/YY): 09/96 - 03/97
Business Address: 535 S. Humboldt	City: Battle Mtn Gen	State: NV	Zip: 89820
Phone: 7756352550	Title: Billing + Invoicing - Collection		Number of Employed Hours: 840
Description of Duties: Billing question. patient files - collection			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page 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 any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any 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)

8/23/2021
Date

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	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.

I, Madonna Long, **certify that as the MDEG Administrator for**

Summit Services & Supplies LLC,

that I (initial that you have read and meet the following requirements):

1. MJ Have a high school diploma or its equivalent;
2. MJ 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. MJ 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. MJ 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.

Madonna Long
Print Name (First, Last)

Madonna Long
Original Signature (electronic, copies or stamps not accepted)

08/23/2021
Date

Board Use Only	Date Received:

old insurance

COMMON POLICY DECLARATIONS

NEW

Underwritten by: Scottsdale Insurance Company
Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • A Stock Company

Policy Number
CPS7329999

ITEM 1. NAMED INSURED AND MAILING ADDRESS

SUMMIT SERVICES & SUPPLIES LLC

806 PINE AVE
KEMMERER WY 83101-2900

NO FLAT CANCELLATIONS
WY Taxes filed by Burns & Wilcox

AGENT NAME AND ADDRESS

BURNS & WILCOX LTD (SANDY, UT) 280 S 400 W STE 200 SALT LAKE CITY UT 84101-1889

Agent No.: 43003 Program No.: NONE

ITEM 2. POLICY PERIOD From: 03/05/2021 To: 03/05/2022 Term: 365

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: SALES OF DURABLE MEDICAL EQUIPMENT

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	$ $1,000 MP
Commercial Property Coverage Part	$ $500 MP
Commercial Crime And Fidelity Coverage Part	$ NOT COVERED
Commercial Inland Marine Coverage Part	$ NOT COVERED
Commercial Auto Coverage Part	$ NOT COVERED
Professional Liability Coverage Part	$ NOT COVERED

Premium	$1,500.00
Surpls Tax	$53.25
WY-SLAS	$3.11
Policy Fee	$150.00*
Inspct Fee	$125.00*
TOTAL:	$1,831.36

*FLAT AND FULLY EARNED

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Samuel Carson
111 S Wacker Dr Ste 3900, Chicago, IL 60606

"This insurance contract is issued pursuant to the Wyoming Nonadmitted Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Wyoming Insurance Department. In the event of insolvency of the surplus lines insurer, losses will not be paid by the Wyoming Insurance Guaranty Association or the Wyoming Life and Health Insurance Guaranty Association."

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE-NUMBERED POLICY.

Nationwide

4M

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Abraxis BioScience, LLC

Physical Address: 620 North 51st Avenue

City: Phoenix State: AZ Zip: 85043

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (602) 535-1710 Website: www.abraxiskits.com

Name of Designated Representative (DR): Janet Ellen Spear

Licensing Company Email: ABL@slsny.com DR Email: jspear@celgene.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Clinics, Institutions	☐ Others:

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 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?		✓
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)?		✓

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: McKesson Corporation
Address: 5535 State Hwy 161 City: Irving State: TX Zip: 75039
Name: Cardinal Health
Address: 7000 Cardinal Pl City: Dublin State: OH Zip: 43017
Name: Amerisourcebergen Corporation
Address: 1300 Morris Drive City: Chesterbrook State: PA Zip: 19087
Name: McKesson Specialty Health
Address: 4343 North Scottsdale Rd, Ste 150 City: Scottsdale State: AZ Zip: 85250

Section 4: Publicly Traded Corporation

N/A

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 5: Non-Publicly Traded Corporation

State of Incorporation: DE
Parent Company (if any): Abraxis BioScience, Inc.
Corporation Name: Abraxis BioScience, LLC
Mailing Address: 620 North 51st Avenue
City: Phoenix State: AZ Zip: 85043
Telephone: (602) 535-1710 Email: ABL@slsny.com
Contact Person Name: Jennifer Schneider, Attorney-in-Fact

Section 6: Partnership

N/A

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

N/A

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A - 100 percent owned by Abraxis BioScience, Inc.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A- No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
N/A • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
N/A • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Katherine R. Kelly
Print Name of Authorized Person Submitting Application

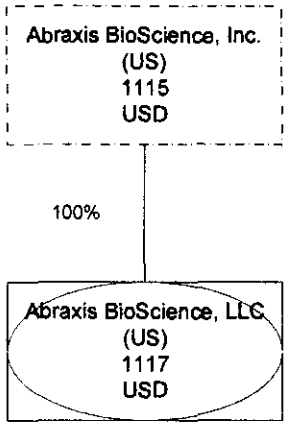
Original signature of Authorized Person (copies or stamps not accepted)

7/7/21
Date

Board Use Only	Date Received: _____	Amount: 500 CHECK #8063 Processed 8/20/21

Org chart

Abraxis BioScience



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABRAXIS BIOSCIENCE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABRAXIS BIOSCIENCE, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2007.

Jeffrey W. Bullock, Secretary of State

4388525 8300

SR# 20212513483

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

Authentication: 203508927

Date: 06-22-21

Home State Good Standing

21030317004745

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:

ABRAXIS BIOSCIENCE, LLC

ACC file number: R14131641

a foreign limited liability company, was authorized to transact business in the State of Arizona on 12/05/2007, 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: **02/26/2021**

SEAL OF THE ARIZONA CORPORATION COMMISSION
DITAT DEUS
1912

Ted Vogt, Executive Director

Homestate license
ABL-PX-NV

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: 09/08/2020
Receipt Number: 202086576
Receipt Amount $: 1000.00

Manufacturer - Manufacturer

PERMIT NO
M000316

EXPIRES
10/31/2022

Issued to : Abraxis Bioscience, LLC
Abraxis Bioscience, Inc.
C/O STATE LICENSE SERVICING 1751 STATE ROUTE 17A SUITE 3
FLORIDA, NY 10921

Abraxis Bioscience, LLC
620 NORTH 51ST AVE.
PHOENIX, AZ 85043

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Abraxis Bioscience, Inc.
LICENSE NUMBER : M000316
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.

Abraxis BioScience, LLC

Corporate Address: 86 Morris Avenue, Summit, NJ 07901 USA
FEIN: 39-2060751
www.abraxiskits.com

Drug Labeler Code: 68817
Incorporation State: DE
Incorporation Date: 7/13/2007

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
PX	620 North 51st Avenue Phoenix, AZ 85043 County: Maricopa	3006441852	RA0355289	831637074	No	(602) 535-1710	(602) 535-1613

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Janet Ellen Spear	[redacted]E. Red Range Way Cave Creek, AZ 85331	Designated Representative	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Abraxis BioScience, Inc.	86 Morris Ave Summit, NJ 07901	N/A	100	N/A	30-0431753	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Jeffrey Galik	86 Morris Ave Summit , NJ 07901	Treasurer		[redacted]		
Katherine R. Kelly	86 Morris Ave Summit, NJ 07901	Secretary	No			
Sophia Park	86 Morris Ave Summit, NJ 07901	President	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CSC			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Exel, Inc. dba DHL Supply Chain	84 Zions View Rd Manchester , PA 17345					

For licensing issues, please contact State License Servicing, LLC (845) 544-2482 ABL@slsny.com

Company particulars
386
ABL-PX-NV

Abraxis BioScience, LLC Employee List

First Name	Last Name
Naol	Abebe
Juan	Acosta
Caryn	Adams
Taya	Adams-Mathis
Jose	Aguirre
Regino	Alberto
Francesca	Altamirano
Joel	Alvarez
Xavier	Alvarez
Nicholas	Anthony
Harold	Anunciacion
Anthony	Araneo
Edufrania	Artiles
Brian	Ashton
Jared	Ashton
Federico	Asmar-Rizek
Vincent	Avila
Christopher	Avina
Nate	Awayan
Rachelle	Ballah
Dan	Bandiera
Sandra	Barberio
John	Barraza
Rick	Bautista
Tom	Bautista
Brenda	Baxter
Shawn	Beaudry
Jaime	Befus
Anthony	Benenati
Angela	Bernasconi
Keith	Bjorklund
Katorah	Blanton
Isaac	Boakye
James	Boblett
Jameson	Boeve
Michael	Booth
Kurtis	Born
Melinda	Born
Maria	Botello
Georgina "Sandi"	Boudreaux
Lynsey	Brandt
Matt	Brasseur
Anthony (AJ)	Breeding
Erin	Broersma
Nathan	Brown

Steve	**Brown**
Kevin	**Bryant**
Betsy	**Buckner**
Philip	**Bucoy**
Thomas	**Bunch**
Brook	**Burgess**
Drew	**Burkhart**
Emily	**Burt**
Brandon	**Caires**
Chintana	**Cairns**
Erika	**Campbell**
Elisa	**Carbonell**
Julie	**Carollo**
Diana	**Carrube**
Rachel	**Catherman**
Daniel	**Cavazos**
Lesly	**Chacon**
Terry	**Chitwood**
Jo Lynn	**Christensen**
Vicky	**Christopher**
Richard	**Cisneros**
Kenny	**Clapper**
Alan	**Clark**
Christopher	**Cole**
Kristopher	**Collins**
Andrew	**Cooper**
Crystal	**Corella**
Jonathan	**Cortez**
Fred	**Craig**
Jackie	**Critser**
Christoffer	**Curtis**
Janvier "Alex"	**Davis**
Stacey	**Davis**
Alice	**Dayoub**
Indrani	**Deshpande**
Nick	**DiFelice**
Darin	**DiMiceli**
Randall	**Dobson**
Adan	**Duarte**
Mandi	**Durga**
Kelli	**Eads**
Padraic	**Earl**
Jeffrey	**Eliacin**
Jacob	**Ellis**
Joseph	**Ellis**
Carlos	**Encinas**
Joseph	**Escalante**

Richard	**Escalante**
Manuel	**Estevez**
Diane	**Facundo**
Mauro (Steven)	**Facundo**
Paige	**Favela**
Connor	**Federico**
Lilia	**Felix**
Joseph	**Figueiredo**
Larry	**Fish**
Edward	**Fitzgerald**
John	**Fitzgerald**
Jason	**Fletcher**
Gabriel	**Flores**
Michael	**Francis**
Chris	**Franovich**
Christopher	**Freeman**
Michael	**Freeman**
Matthew	**Frosch**
Kody	**Frost**
Paul	**Garber**
Gloria	**Garcia**
Kelley	**Gass**
Nicole	**Gass**
Krystal	**Gastelo**
Howard	**Gill**
Wes	**Giron**
Jesse	**Godinez**
Cheryl	**Goldberg**
Jesus	**Gomez**
Joseph	**Gonzalez**
Victor	**Granda**
Stacey	**Gray**
Broderick	**Gross**
Danielle	**Grove**
Cheryl	**Guy**
Heather	**DeMilto (Hafer)**
Paul	**Halverson**
Dorinda	**Hamilton**
Matthew	**Hansen**
Nicole	**Haro**
Eric	Healy
Shaun	**Hellmer**
Woody	**Hem**
Lisa	**Henry**
Jessica	**Herrera**
Manuel	**Herrera**
Alyssa	**Higgins**

Chad	**Hoesel**
Nancy	**Holaday**
Jason	**Hood**
Holly	**Howe**
David	**Hylander**
Don	**Island II**
Lucas	**Jackson**
Matthew	**Janssen**
Zeasar	**Jaquez**
Xin	**Jiang**
Ronald	**Jodat**
Lisa	**Johnson**
Danielle	**Julian**
Daniel	**Keeley**
Dawson	**Kight**
Daniele	**Kilian**
Shannon	**Koch (Johnson)**
Conor	**Kralik**
Patrick	**Kwan**
Noemi	**Kyle**
Thomas	**Laietta**
Tiri	**Lamb**
Gregory	**Lawrence**
Matthew	**Lawson**
Travis	**Lewis**
Carrie	**Long**
Noah	**Long**
Patrick	**Long**
Carolyn	**Lopez**
Barry	**Lorts**
Ryan	**Losordo**
Dion	**Luebke**
Matthew	**Luna**
Virginia	**Madrid**
Dan	**Mahlman**
Brian	**Magerr**
Michael	**Malone**
Roland	**Martin**
Hector	**Martinez**
Vincent	**Martinez**
Alfonso	**Martinez-Solorzano**
Guadalupe	**Marvin-Arredondo**
Jonathan	**Mayer**
Andrew	**Maves**
Terence	**McClelland**
Patrick	**McCluskey**
Lee	**McDaniel**

Paul	**McDowell**
Robert	**McIntire**
Nathan	**McManus**
Brian	**Mealer**
David	**Medina**
Salvador	**Menjivar**
Michael	**Michalek**
Tim	**Middleton**
Michelle	**Mihlfeld**
Craig	**Miller**
Kerri	**Mitchell**
Robert	**Monthie**
David	**Moore**
Kyle	**Moore**
Abraham	**Munoz**
Kimberly	**Murray**
Ashlee	**Myers**
Gary	**Myers**
Sorya	**Nguon**
Vandeth	**Nguon**
Colby	**Northcott**
Jason	**Nowakowski**
Mary	**Nunez**
Darrien	**Odom**
Terrence	**O'Neill**
Lucila	**Osornio**
Ulysses	**Osornio**
Christopher	**Oulton**
Isaiah	**Padilla**
Brittany	**Palbykin**
Dustin	**Penrose**
Devin	**Phillips**
Stephanie "Steevee	**Pirshafiey**
Christopher	**Poe**
Keely	**Post (Arnold)**
Josh	**Postgate**
Brett	**Powers**
Norma	**Prado**
Ana	**Ramirez**
Jennifer	**Ramirez**
Christoper	**Randolph**
Patricia	**Rankin**
Ankush	**Rao**
Kyle	**Reed**
Jeremy	**Reinhold**
Michael	**Ricciotti**
Kyle	**Rifenberry**

Cheryl	**Riggs**
Gladys	**Rodriguez**
Jordan	**Rodriquez**
Robbie	**Rodriquez**
Jose	**Rojas**
David	**Rollins**
Liliana	**Rosado**
Josh	**Rowles**
Richard	**Rueda**
Sonja	**Ruiz**
James	**Salas**
Micaela	**Salas**
Eric	**Sapien**
Guy	**Sauval**
Tom	**Sawyer**
Michael	**Schutte**
Gregory	**Scott**
Heath	**Scott**
Jessica	**Scott**
Isabel	**Serna**
Dan	**Seth**
Lorena	**Sharpy**
Ryan	**Shaw**
Christine	**Simons**
Brittany	**Skaggs**
Cody	**Smith**
Darrell	**Smith**
Sarah	**O'Donnell**
Brianna	**Sniff**
Janet	**Spear**
Amanda	**Sroka**
Jeremiah	**Staats**
Mike	**Stephens**
James	**Stobart**
Matt	**Streeter**
Emerlinda	**Strickler**
Joe	**St. Laurent**
Jeremy	**Suarez**
Brian	**Summerhill**
Arwen	**Sutton**
Flavia	**Sweiss**
Anthony	**Tallabas**
Nicholas	**Tapp**
Ben	**Taylor**
Julie	**Taylor**
John	**Teifke**
Jonathan	**Teifke**

Alan	Themer
Holly	Thomas
Edwin	Torres
Jose	Torres
Juan	Tovar
Juan	Tovar
Xavier	Tovar
Cong "Tony"	Tran
Andrew	Truswell
Beau	Tupper
Ty	Tyrell
Daniel	Valle
Joe	Valles
Alexa	Velliquette
Alexis	Villegas
Steve	Waite
Richard	Walters
Lydia	West
Wayne	Whitfield
Dan	Will
Amanda	Williams
Alex	Wilson
Andrew	Winkle
Ralph	Winkler
Andreas	Wolflig
Michelle	Wold
Robyn	Wong
Jacob	Yerian
Roman	Yerian
Brandi	Yopp
Natalie	Zea
Amanda	Zeigler
Briana	Zierke

ABRAXIS BIOSCIENCE, LLC

CORPORATE SECRETARY'S CERTIFICATE

I, Katherine R. Kelly, do hereby certify that I am the Secretary of Abraxis Bioscience, LLC (the "Company"), which is a limited liability company organized and existing under the laws of the State of Delaware. I hereby certify that on November 20, 2019:

1. The sole member of all the outstanding shares of the Company adopted the following resolution by Unanimous Written Consent:

RESOLVED, that the current officers of the Company be, and hereby are, removed from such office, as the case may be.

2. I further certify that, the following persons were the duly elected and qualified officers and authorized signatories of the Corporation, each to hold such offices until his or her respective successor is duly elected and qualified or until his or her earlier resignation or removal:

Name	**Title**
Sophia Park	President
Jeffrey Galik	Treasurer
Katherine R. Kelly	Secretary

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of the ___ day of January, 2020.

ABRAXIS BIOSCIENCE, LLC

By: _____
Katherine R. Kelly
Secretary

FDA Registration ABL-PX-NV

Drug Establishments Current Registration Site

☐ SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=FILE:///USERS/JAIMESCHLUTER/DESKTOP/ABL%20DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE.HTM)

☐ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=FILE:///USERS/JAIMESCHLUTER/DESKTOP/ABL%20DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE.HTM)

☐ (HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM#MORE-SHARES)

☐ EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=FILE:///USERS/JAIMESCHLUTER/DESKTOP/ABL%20DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE.HTM)

New Search (https://www.accessdata.fda.gov/scripts/cder/drls/default.cfm)

Search Results for **abraxis Bioscience**

CSV (https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm#)Excel (https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm#)

Filter:

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Abraxis BioScience, LLC	3006441852	831637074	ANALYSIS; LABEL; MANUFACTURE; PACK;	620 N. 51 st Ave, Phoenix, Arizona (AZ) 85043, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries
Previous1Next
Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Friday, Feb 5, 2021

Return to Drug Firm Annual Registration Status Home Page (https://www.accessdata.fda.gov/scripts/cder/drls/default.cfm)

Verified M.H 8/20/21

ABL-PX-NV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Abraxis BioScience, LLC

Physical Address: 620 North 51st Avenue

City: Phoenix State: AZ Zip: 85043

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (602) 535-1710 Website: www.abraxiskits.com

Licensing Company Email: ABL@slsny.com

Section 2: Personal Information

First: Janet Middle: Ellen Last: Spear

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: Abraxis BioScience, LLC c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: [redacted] Email: jspear@celgene.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

N/A Military Occupation/Specialty: _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Applicant's initials: JES

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California Polytechnic State University		08/83 – 06/85	
Address	**City**	**State**	**Zip**
1 Grand Avenue	San Luis Obispo	CA	93407
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Iowa State University		08/76 – 12/80	
Address	**City**	**State**	**Zip**
2167 Union Dr.	Ames	IA	50011
Diploma/Degree obtained, if any			
Bachelor of Science (Microbiology-chemistry)			

School Name		From - To (MM/YY – MM/YY)	
Marshalltown SR High School		08/73 - 06/76	
Address	**City**	**State**	**Zip**
1602 S. 2nd Ave	Marshalltown	IA	50158
Diploma/Degree obtained, if any			
H.S.			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/15 - Pr	[redacted] E. Stagecoach Pass	Cave Creek	AZ	85331
07/05 - 07/15	6308 E Red Range Way	Cave Creek	AZ	85331
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Abraxis BioScience. LLC			08/07-Present	
Business Address		**City**	**State**	**Zip**
620 North 51st Avenue		Phoenix	AZ	85043
Phone	**Title**		**Number of Employed Hours**	
(602) 535-1710	Plant Manager		145,000	
Description of Duties				
Responsible for planning, directing, and coordinating overall site operations. Responsibilities include formulating policies and procedures, setting site goals consistent with corporate objectives and managing daily operations to meet or exceed these goals. The Plant Manager ensures a robust and current Quality System is in place and that the site is properly organized and adequately staffed. The Plant Manager hires middle management and ensures the staff is well-trained and motivated. The Plant Manager establishes and maintains community relations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials JES

I, Janet Ellen Spear, **certify that as the designated representative for** Abraxis BioScience, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Janet Spear

Print Name (First, Last)

Janet Spear

Original Signature (electronic, copies or stamps not accepted)

30 June 21

Date

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.

Janet Spear

Print Name (First, Last)

Janet Spear — 30 Jun 21

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Janet Spear, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Janet Spear — 30 Jun 21

Original Signature — **Date**

Subscribed and Sworn to before me this 30th day of June, 2021.

Notary Public Signature

Notary Public State of Arizona
Maricopa County
Nicole G Haro
My Commission Expires 02/10/2022

(Seal)

Applicant's initials JES

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 107235715

Dated effective: 5/22/2020
(MONTH, DAY, YEAR)

executed by: Abraxis Bioscience, LLC , **as Principal,**
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , **as Surety,**
(SURETY)

and 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 adding

Additional Location
620 N 51st Ave, Phoenix, AZ 85043

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 5/4/2021
(MONTH, DAY, YEAR)

Signed and Sealed 5/4/2021
(MONTH, DAY, YEAR)

Abraxis Bioscience, LLC
PRINCIPAL

BY: _____
TITLE

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Joshua Sanford, 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 **Joshua Sanford,** of **Hartford, Connecticut,** their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, **2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, **2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 4th day of May , 2021

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

Willis Towers Watson

Telephone: 860-241-4437
Website: www.willistowerswatson.com
E-mail: melissa.stanton@willistowerswatson.com

May 4, 2021

Abraxis Bioscience, LLC
86 Morris Ave
Summit, NJ 07901

Re: ***Bond Number: 107235715***
Obligee: Nevada State Board of Pharmacy
Description: NV Pharmaceutical Wholesaler Bond
Commission: $0.00

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

Please be sure to affix the bond with the proper signature and seal.

If a premium is charged, our invoice for this bond is enclosed or will be sent to you under separate cover. Please note the premium payment for this bond is due upon receipt.

Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson can collect the difference directly from the insurer. These payments will not increase the cost of your bonds or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your commission schedule can be found at: http://www.willis.com/About_Willis/The_Willis_Way/Commission_Rates/.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Melissa Stanton

Original Bond

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. 107235715

Application/License No. _____

Abraxis Bioscience, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 86 Morris Ave, Summit, NJ 07901 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square , Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 22, 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 22nd day of May, 2020.

APPLICANT/PRINCIPAL
Abraxis Bioscience, LLC

By: _____
Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

By: _____
Surety Company's Representative

Donna M Planeta, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Phil Knower

_____
Witness Brendan Fletcher

Countersigned by:

_____
Nevada Resident Agent Joshua Sanford
*Non-Resident License No. 3159529

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Donna M Planeta of **Short Hills, NJ** , 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, including the following bond:

Surety Bond No.: 107235715
OR
Project Description: NV Pharmaceutical Wholesaler Bond

Principal: Abraxis Bioscience, LLC
Obligee: Nevada State Board of Pharmacy

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **6th** dey of **May, 2019.**

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **6th** day of **May, 2019**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, 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 each of the Companies, 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 each 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 remains in full force and effect.

Dated this 22nd day of May, 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.

Willis Towers Watson

Telephone: 860-241-4437
Website: www.willistowerswatson.com
E-mail: melissa.stanton@willistowerswatson.com

May 22, 2020

Joanna Futyna
215 Carlton Ave
Piscataway, NJ 08854

Re: ***Bond Number: 107235715***
Obligee: Nevada State Board of Pharmacy
Description: NV Pharmaceutical Wholesaler Bond
Commission: 0%

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

Please be sure to affix the bond with the proper signature and seal.

If a premium is charged, our invoice for this bond is enclosed or will be sent to you under separate cover. Please note the premium payment for this bond is due upon receipt.

Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson can collect the difference directly from the insurer. These payments will not increase the cost of your bonds or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your commission schedule can be found at: http://www.willis.com/About_Willis/The_Willis_Way/Commission_Rates/.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Melissa Stanton

4N

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 00189
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Akorn Operating Company LLC, dba Akorn, Inc.

Physical Address: 150 South Wyckles Road

City: Decatur State: IL Zip Code: 62522

Telephone Number: 217-428-1100 Fax Number: 847-574-5917

Toll Free Number: 800-932-5676

E-mail: Charles.andrews@akorn.com Website: www.akorn.com

Facility Manager: Charles Andrews

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☑ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☑ Veterinary Legend Drugs

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.

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

Joseph Bonaccorsi
Print Name of Authorized Person

12/11/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Akorn Intermediate Company LLC

Mailing Address: 1925 West Field Court, Suite 300

City: Lake Forest State: IL Zip: 60045

Telephone: 847-279-6103 Fax: 847-574-5917

Contact Person: Sara Ames

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. 100 Common Units

3) What was the price paid per share? _____

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
AKORN OPERATING COMPANY LLC	Decatur, IL 62522	• DBA AKORN INC

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004990	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	04/28/2021	04/28/2021	12/31/2022	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004000369	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	10/15/1993	12/29/2020	12/31/2022	Y
004000403	LICENSED WHOLESALE DRUG DISTRIBUTOR	NOT RENEWED	10/26/1993	10/26/1993	12/31/1998	N
004000408	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	01/13/1994	12/29/2020	12/31/2022	Y
004001071	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	12/14/1998	12/29/2020	12/31/2022	N
004004991	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	04/28/2021	04/28/2021	12/31/2022	N
30*****10	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II IV)	CHANGE OF OWNERSHIP	10/29/1993	01/06/2021	12/31/2022	N

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
30*****24	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II IV)	CHANGE OF OWNERSHIP	04/06/1994	01/06/2021	12/31/2022	N
30*****70	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	04/28/2021	04/28/2021	12/31/2022	N
30*****71	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	04/28/2021	04/28/2021	12/31/2022	N

Generated on: 5/5/2021 11:14:47 AM

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AKORN OPERATING COMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AKORN OPERATING COMPANY LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

3578387 8300

SR# 20210813194

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

Authentication: 202661756

Date: 03-05-21

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AKORN OPERATING COMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AKORN OPERATING COMPANY LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

3578387 8300

SR# 20207641657

Authentication: 203793938

Date: 10-05-20

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0600886	06-30-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4	DISTRIBUTOR	06-16-2021

AKORN OPERATING COMPANY LLC
DBA AKORN INC
150 S WYCKLES RD
DECATUR, IL 62522

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0600886	06-30-2022	$1850

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DBA AKORN INC
150 S WYCKLES RD
DECATUR, IL 62522

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

List of Employees

WH001897

Last Name	First Name
Allen	Mitchell
Alvarado Ruiz	Angel
Arce	Anna
Aubert	Carrie
Bartels	Samantha
Beane	Jon
Berry	Tonya
Bond	Sheila
Bork	Angela
Bowman	Benita
Bradford	Pierce
Bradford	Shawana
Brady	Shonda
Bright	Robert
Brock	June
Burwell	Benjamin
Carr	Anne
Cognata	James
Coleman	Kristopher
Cook	Danielle
Cook	Vernalyn
Corey	Hannah
Coss	Cheryl
Cothern	Mary
Dedman	Tracey
Dennis	Cynthia
Dorsey	Patricia
Dunham	Gary
Embrey	Melody
Flesch	Samantha
Foster	Sally
Fowler	Amanda
Fry	Lisa
Gaskin	Michelle
Goforth	Peggy
Goin	Samiyyah
Goller	Edward
Gonsalves	Tina
Goodman	Lemark
Goodrich	Dusty
Goodwin	Brianna
Gordy	Sean
Gui	Jun
Guido Mora	Andres
Hackney	Erin
Handyside	Lindsay
Harper	Linda
Harter	Cheryl
Hitchcock	Tina
Holt	Rebecca
Hovey	Amber
Jackson	Kelly
Jarrett	Kathy
Kinnon	Ciera

Kraft	Jennifer
Kramer	Jodi
Largent	Jo Ellen
Larrick	Kaleigh
Lawson Jr	Aric
Lowe	Susan
Mahan	Angela
Maldonado	Jennifer
Mancini	Gretchen
Marlow	Cody
Mayfield	Jack
McCallister	Alan
McClellan	Cory
McKinney	Janice
Meeks	Amani
Moore	Tracy
Nash	Rhonda
Nicholls	Susan
Oakley	Cindy
Oost	Lisa
Owen	Dusty
Parker	Christina
Parnell Jr	Jerry
Patient	Cheryl
Patterson	Alesha
Pratt	Kamie
Reed	Shavonn
Reynolds	Brian
Richards	Connie
Rivera Vicente	Carmen
Roberts	Derek
Runyon	Kelly
Sandage	Leda
Sangster	Troy
Shaffer	Larry
Shelley	Eva
Slaughter	Sheila
Sledge	Mikayla
Smith	Amanda
Smith	Jennifer
Speer	Linda
Stephens	Jerry
Stoner	Yolonda
Taylor	Heidi
Taylor Jr.	Aaron
Tetley	Barbara
Thompson	Ladonna
West	Blake
West	Linda
White	Cheryl
Whitelow	Tammy
Whitlock	Phyllis
Wilcox	Amy
Wiley	Amber
Wiley	Kimberly

Williams	Kari
Williams	Phyllis
Wright	Kaitlin
Young	Timothy
Yutzy	Karenza

Akorn, Inc., a Louisiana corporation, recently transferred its assets to Akorn Operating Company LLC, a Delaware limited liability company, d/b/a Akorn, Inc. Akorn has reported this change and filed the required forms with the Illinois Board of Pharmacy. Akorn has also reported this change to the DEA and once the Illinois Board of Pharmacy license is issued, Akorn can submit the applications to DEA to obtain new Controlled Substance Registrations from DEA. Akorn's current DEA license(s) are enclosed. Once the Illinois Board of Pharmacy License reflecting this change has been issued and the new DEA license received, Akorn will update this application to provide the new Illinois and DEA license information.

Maria Herrera

From: Kelly McGinnis <KMcGinnis@Polsinelli.com>
Sent: Thursday, April 15, 2021 7:29 AM
To: Maria Herrera
Subject: RE: Akorn Operating Company - Status of Wholesaler Applications
Attachments: Akorn Operating Company LLC - Delaware Good Standing 3.5.21-c.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Maria,

Please find attached Akorn Operating Company's DE good standing certificate. If you need a more recent copy or different documentation, please let us know.

Please also let me know if you need anything else or if the applications are now complete.

Thank you,

Kelly McGinnis
Associate

kmcginnis@polsinelli.com
O - 312.463.6216
C - 407.595.8033
150 N. Riverside Plaza, Suite 3000
Chicago, IL 60606
polsinelli.com

Polsinelli PC, Polsinelli LLP in California

From: Kelly McGinnis
Sent: Wednesday, April 14, 2021 3:50 PM
To: 'Maria Herrera' <m.herrera@pharmacy.nv.gov>
Subject: RE: Akorn Operating Company - Status of Wholesaler Applications

Maria,

Please find attached correspondence from the Illinois Board of Pharmacy permitting Akorn's continued operations. The IL BOP is not able to conduct an on-site inspection until COVID is over and therefore won't be issuing new license until after COVID. As a result, the IL BOP is permitting Akorn to continue operate under current approvals.

We will order new good standing certificates and I should have those over to you soon. Please let me know if you need anything else.

Thank you,

Kelly McGinnis
Associate

kmcginnis@polsinelli.com
O - 312.463.6216
C - 407.595.8033
150 N. Riverside Plaza, Suite 3000
Chicago, IL 60606
polsinelli.com

Polsinelli PC, Polsinelli LLP in California

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, April 14, 2021 1:57 PM
To: Kelly McGinnis <KMcGinnis@Polsinelli.com>
Subject: RE: Akorn Operating Company - Status of Wholesaler Applications

EXTERNAL EMAIL **m.herrera@pharmacy.nv.gov**

Hi Kelly,

We are waiting for the updated Home State License and DEA, per the form attached from the application submitted. Furthermore we now need an updated Certificate of Good Standing the one received is now outdated, this is for both locations.

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.

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April Polikoff

From: Usman, Abir F. <Abir.F.Usman@Illinois.gov>
Sent: Monday, December 28, 2020 12:03 PM
To: April Polikoff
Cc: Sara Ames; Charles Andrews
Subject: Re: Chemical Analysis Application Information

**** EXTERNAL EMAIL: This email originated from outside of Akorn. Do not click links or open attachments unless you recognize the sender email address and know the content is safe. ****

April,

Thanks for providing the management agreement. Go ahead and renew the Decatur license as well. That is actually assigned to another investigator and it is a similar situation where the inspection won't be done before the end of the year and we don't want you to operate without being licensed.

Mrs. Abir F. Usman
Administrative Assistant for Drug Compliance
IDFPR - Division of Professional Regulation
9511 Harrison St. Suite LL50
Des Plaines, IL 60016
847-294-4918
847-294-4904/05 (fax)

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

From: April Polikoff <April.Polikoff@akorn.com>
Sent: Monday, December 28, 2020 10:56 AM
To: Usman, Abir F. <Abir.F.Usman@Illinois.gov>; Bocian, Charlie <Charlie.Bocian@Illinois.gov>
Cc: Sara Ames <sara.ames@akorn.com>; Charles Andrews <charles.andrews@akorn.com>
Subject: [External] RE: Chemical Analysis Application Information

Understood. We do actually have a management agreement set up between old co and new co (attached). We will go ahead and have the existing license renewed for the Gurnee location and will await Mr. Bocian's direction on the Decatur locations.

Kind regards,

April Polikoff | Senior Counsel | **Akorn**
C 516.203.2725 | F 631.881.9402 | april.polikoff@akorn.com
369 Bayview Ave | Amityville, NY 11701 | akorn.com

ADVANCING THE NEW VISION

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April Polikoff

From: Bocian, Charlie <Charlie.Bocian@Illinois.gov>
Sent: Monday, December 28, 2020 11:46 AM
To: Tim Boland
Cc: Sara Ames; April Polikoff; Jack McKinney; Parikh, Aarti
Subject: Re: Akorn Operating Company Change of Address

**** EXTERNAL EMAIL: This email originated from outside of Akorn. Do not click links or open attachments unless you recognize the sender email address and know the content is safe. ****

Tim,

Please renew the current Gurnee license for the upcoming year.

There are many moving parts with the Decatur location that we would like to figure out first.

Thanks,
Charlie Bocian

From: Tim Boland <Tim.Boland@akorn.com>
Sent: Wednesday, December 23, 2020 3:34 PM
To: Bocian, Charlie <Charlie.Bocian@Illinois.gov>
Cc: Sara Ames <sara.ames@akorn.com>; April Polikoff <April.Polikoff@akorn.com>; Jack McKinney <Jack.McKinney@akorn.com>; Parikh, Aarti <Aarti.Parikh@illinois.gov>
Subject: [External] RE: Akorn Operating Company Change of Address

Hello Charlie,

Below is a link to the Akorn product catalog.

https://www.akorn.com/products.php#products-section-2

Thank you,

Tim Boland | Manager, Distribution

P 847.625.9387 ext 6189 | C 224.406.0687 | Tim.Boland@akorn.com

5605 Centerpoint Court, Suite A | Gurnee, IL 60031 | akorn.com

Akorn Pharmaceuticals | A specialty pharmaceutical company

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From: Bocian, Charlie [mailto:Charlie.Bocian@Illinois.gov]
Sent: Wednesday, December 23, 2020 2:24 PM
To: Tim Boland <Tim.Boland@akorn.com>
Cc: Sara Ames <sara.ames@akorn.com>; April Polikoff <April.Polikoff@akorn.com>; Jack McKinney <Jack.McKinney@akorn.com>; Parikh, Aarti <Aarti.Parikh@illinois.gov>
Subject: Re: Akorn Operating Company Change of Address

DOMICILE STATE LICENSE / DEA - AKORN

Akorn, Inc., a Louisiana corporation, recently transferred its assets to Akorn Operating Company LLC, a Delaware limited liability company, d/b/a Akorn, Inc. Akorn has reported this change and filed the required forms with the Illinois Board of Pharmacy. Akorn has also reported this change to the DEA and submitted the applications needed to obtain new Controlled Substance Registrations from DEA. Akorn's current DEA license(s) are enclosed. Once the Illinois Board of Pharmacy License reflecting this change has been issued and the new DEA license received, Akorn will update this application to provide the new Illinois and DEA license information.

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **akorn**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Akorn AG	3005531475	482198285	ANALYSIS; LABEL; MANUFACTURE; PACK;	Riethofstrasse 1, Hettlingen, 8442, Switzerland (CHE)	12/31/2021
Akorn AG	3005531475	480216489	ANALYSIS;	Technoparkstrasse 7, Winterthur, 8406, Switzerland (CHE)	12/31/2021
Akorn, Inc.	1450114	117696832	ANALYSIS; MANUFACTURE; STERILIZE;	1222 West Grand Ave., Decatur, Illinois (IL) 62522, United States (USA)	12/31/2021
Akorn, Inc.	1450114	117696790	LABEL; PACK; RELABEL; REPACK;	150 South Wyckles Road, Decatur, Illinois (IL) 62522, United States (USA)	12/31/2021
Akorn, Inc.	3008883167	117696853	ANALYSIS;	50 Lakeview Pkwy Ste 110114, Vernon Hills, Illinois (IL) 60061, United States (USA)	12/31/2021
Akorn, Inc.	2246848	117696840	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK; STERILIZE;	72 Veronica Ave Ste 6, Somerset, New Jersey (NJ) 08873-3426, United States (USA)	12/31/2021

√ verified M-IT

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Akorn, Inc.	2246848	117696819	ANALYSIS;	69 Veronica Ave. Unit 6B, Somerset, New Jersey (NJ) 08873, United States (USA)	12/31/2021
Akorn, Inc.	2246848	117696783	ANALYSIS;	68 Veronica Ave., Somerset, New Jersey (NJ) 08873, United States (USA)	12/31/2021
Akorn, Inc.	3013036275	117696798	ANALYSIS;	5 Cedarbrook Dr, Cranbury, New Jersey (NJ) 08512, United States (USA)	12/31/2021
Thai Nakorn Patana Co., Ltd.	3003067499	659931273	LABEL; MANUFACTURE; PACK;	14 Soi Ngamwongwan 8 Ngamwongwan Road Bangkhen, Muang, Nonthaburi 11000, Thailand (THA)	12/31/2020

Showing 1 to 10 of 10 entries
Previous1Next
Data Current through: Friday, Dec 11, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Attachment Page #2

Top 4 Suppliers for Hi-Tech Pharmacal Co., Inc.

1. AmerisourceBergen Health Corporation
   1300 Morris Drive, Chesterbrook, PA 19087

2. Cardinal Health, Inc.
   7000 Cardinal Place, Dublin, OH 43017

3. McKesson Drug Company
   One Post Street, San Francisco, CA 94104

4. CVS Caremark Corporation
   Mutiple locations
   One CVS Drive, Supplier
   Woonsocket RI 02895

ATTACHMENT FOR PAGE 5, #1

a.) Canyon Capital Advisors LLC and its affiliates
2000 Avenue of the Stars
11th Floor
Los Angeles, CA 90067

b.) Credit Suisse Asset Management, LLC and its affiliates
153 East 53rd Street
New York, NY 10022

c.) Nut Tree Capital Management, LP and its affiliates
55 Hudson Yards
22nd Floor
New York, NY 10001

d.) Stonehill Capital Management LLC and its affiliates
320 Park Avenue
26th Floor
New York, NY 10022

AKORN OPERATING COMPANY LLC

a Delaware limited liability company

Incorporated on September 2, 2020

FEIN#: 85-2826184

Corporate Address: 1925 West Field Court
Suite 300
Lake Forest, IL 60045

list of officers

NAME	TITLE	ADDRESS	E-MAIL	BIRTHDATE	PHONE NUMBER	% OF OWNERSHIP
DOUGLAS BOOTHE	PRESIDENT	1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	DOUG.BOOTHE@AKORN.COM	[redacted]	(847) 279-6155	0
DUANE PORTWOOD	CFO	1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	DUANE.PORTWOOD@AKORN.COM	[redacted]	(847) 279-6150	0
JOSEPH BONACCORSI	SECRETARY	1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	JOE.BONACCORSI@AKORN.COM	[redacted]	(847) 279-6104	0

Akorn Operating Company LLC's sole manager and member is Akorn Intermediate Company LLC, a Delaware limited liability company

Akorn Operating Company LLC – Number of Shares/Stock Issued 100 Common Units

CHARLES J. ANDREWS

Address: [redacted] Del Thomas Rd
Smyrna, TN 37167

email: [redacted]
Mobile [redacted]

OPERATIONS EXECUTIVE

Strategic and visionary executive leader with success in multiple pharmaceutical production facilities, streamlining operations, maximizing productivity, and leading manufacturing plants to increased efficiency, utilization, safety, and quality. Extraordinary cross-functional background in Safety, Quality (FDA challenged sites), Production Management, Materials Management, S&OP, Project Management, MPS, MRP, Planning and Scheduling, and Logistics. Serve as a Change Agent and provide leadership for employee development, customer service, and labor relations. Results orientated, value-driven, highly focused professional offering extensive experience in plant operations.

Professional Strengths

Safety	Quality	Productivity
Change Agent	Cost Optimization	Lean Manufacturing
FDA Compliance	S&OP	Continuous Quality Improvement
DEA Compliance	Labor Relations	Preventative Maintenance

Education

Masters of Business Administration (MBA), University of Tampa, Tampa, FL
General Business Management with focus in International Management
Bachelor of Business Administration (BBA), University of Wisconsin Whitewater, Whitewater, WI
Production and Operations Management (POM)

APICS – Certified in Production and Inventory Management (CPIM)
APICS – Certified in Integrated Resource Management (CIRM)
APICS – Certified Supply Chain Profession (CSCP)

Professional Progression

Akorn Pharma, Aseptic, Sterile, Ophthalmic, Decatur, IL **2019-Present**
VP & GM Decatur, IL, Aseptic, Sterile, Ophthalmic Decatur, IL 2019-Present

Branded, Third Party Contract Manufacturing, and Generics Pharmaceutical Manufacturing and Sales of Aseptic, Sterile, and Ophthalmic products. Oversight of all operations at the Decatur, IL facilities.

Alvogen (Norwich) Pharma, Oral Solid Dose, Liquid, Sterile, Creams & Ointments Pine Brook, NJ **2014-2019**
VP of Operations (General Manager), Oral Solid Dose, Liquid, Norwich, NY 2014-Present

Branded, Third Party Contract Manufacturing, and Generics Pharmaceutical Manufacturing and Sales of Oral Solid Dose, Liquids, Creams and Ointments, and Sterile products. Oversight of all operations at the Norwich, NY facility. Transition from Third Party Manufacturer ($53M) to internal branded and generic product manufacturing. Streamlined processes and reduced costs for a 25% reduction in Cost Per Dose, on target for a 45% reduction. 385,000ft^2 facility with 300

employees on a 24x5 production schedule. Oversight of $26M expansion for fluid bed scale-up, and $24M renovation for new products/equipment. Responsible for $20M annual capital investment and full P&L. No FDA observations over 3 inspections. No DEA observations over 3 inspections. 8 Internal Global Awards for facility goal achievement inclusive of Manager of the Year.

Endo/Qualitest Pharmaceuticals, Oral Solid Dose, Liquid, Creams & Ointments, Huntsville, AL **2006-2014**

General Manager, Oral Solid Dose, Charlotte, NC	2013-2014
General Manager/Plant Manager, Liquids and Creams & Ointments, Huntsville, AL	2007-2013
Director of Operations, Oral Solid Dose, Huntsville, AL	2006-2007

Generics Pharmaceutical Manufacturing and Sales of Oral Solid Dose, Liquid, and Creams and Ointments (Topical), #6 highest volume of Generics in the US. Annual Gross Sales of $1.6B with an EBITDA of $2.5M. Oversight and turn-around of all Operations, budgets and financials of Charlotte, NC Oral Solid Dose facility (400,000ft^2) (450 employees) over three buildings. Plant turn-around of Liquids and Creams & Ointments facility (200,000ft^2) (250 employees). Equipment and process re-engineer of Oral Solid Dose facility (500,000ft^2) in Huntsville, AL.

- Responsible for developing and executing operation budgets of $40M (Charlotte) and $25M (Liquids)
- Responsible for developing and executing Capital budget of $20M (Charlotte)
- Increased Oral Solid Dose Facility from 5B doses to 6B doses (20%) without new equipment, rooms or buildings
- Reduced Quality Deviations from 50 per month to less than 15 per month (Charlotte facility)
- Full 24x7 day operation
- Implemented Lean Manufacturing and Value Stream Principles to result in cleaning time reduction from 68 hours to 12 hours, 84% improvement for average cleaning time, overall 32% increase in capacity
- In 2 years achieved #1 Generics Liquids Prescription filled manufacturer in the US
- Complete turn-around of Liquids Facility in Huntsville, AL reducing back orders from 70 sku's ($1.5MM) to zero
- Oversaw and implemented improvements to remediate and remove FDA Warning Letter, Liquids Facility. Last two inspections had zero, 483 observations
- Reduced OSHA OII Rate from 13.5 to 1.6 with 2 years of zero LTA (continued presently) (Liquids facility). Implemented Safe Start Program (behavior-based safety) and registered for the Carolina Star (VPP Program)
- Improved Liquids cycle time from 30 days to 17 days (including all Microbial Testing)
- Installed high-speed Creams & Ointment filler (300 tubes per minute max) and cut production time by 50% and increased capacity by 50% while reducing occupied floor space by 66%
- Implemented Kanban systems to reduce inventory by 35% and increased cycle count accuracy to 99.8%. Annual cycle count eliminated and replaced with continuous cycle count because of significant high accuracy
- Implemented and oversaw shutdowns in each plant at a budget of $15M
- S&OP Planning and process to streamline MPS and Finite Scheduling to improve efficiencies and utilization and increase capacity by 15%
- Implemented Safety Glasses, Safety shoes, Compliant gowning, compliant air handling (99.7% HEPA), air-locks, room fit and finish, personnel flow, equipment flow, vacuum transfer of powder, Mixing vessels, Compression Machines, Training Programs, etc.

Cardinal Health Corporation, Softgel, Oral Solid Dose, Lyophilization, St. Petersburg, FL **2001-2006**

Director Pilot Plant Operations, Softgel, Oral Solid Dose, Lyophilization, Somerset, NJ	2004-2006
Production Manager, Softgel, St. Petersburg, FL	2001-2004

Fortune 17 company (Third Party Manufacturer) recruited to manage the newest Softgel manufacturing facility (210,000ft^2) in the Oral Technologies Division, reporting directly to the VP of Operations with direct responsibility for 170

employees and indirect responsibility for 400 employees. Directed the operation of a Pilot Plant facility (180,000ft^2), a contract development facility specializing in development of formulation and processing including softgel encapsulation, fluid bed drying, coating, layering, blending, granulation, tableting, hard shell capsule fill, liquid processing, topical processing, hand filled capsules, and bulk packaging.

- Managed budgets of $6M (Production Manager) and $10M (Director of Pilot Plant)
- Streamlined the Softgel encapsulation process to reduce cycle time by 7-10 days (10% improvement)
- Streamlined the project process for customer service. Improving "on time start" from 40% to 100% and "on time delivery" from 20% to 96%
- Implemented new containment system for handling category 4 and 5 potent compounds in both powder and liquid forms
- Launched a niche technology for a generic pharmaceutical $17M. Including the renovation of the facility and transfer of the technology from England. Launching a 24 hour by 7 day operation
- Responsible for identifying capacity constraints and identifying equipment solutions. Installing low humidity environments, blenders, tablet presses, and fluid air dryers totaling $3M
- Progressive change of company culture from Nutritional/Cosmetic Manufacturing to Pharmaceutical Manufacturing (OTC/Rx) with emphasis on cGMP's, Compliance and Quality
- Participation if initiation and justification of $20M manufacturing expansion
- Customer support and product development projects with companies such as Merck, Abbott, Pfizer, Ligand, Novartis, Perrigo, American Home Products, Allergan, Wyeth, Pronova, and BI
- Design and Implementation of JD Edwards (ERP) and Class A initiative for Routing and Shop Floor Control
- Project Manager for Shutdown and maintenance activities ($5M), including compliance activities
- Initiated and led capital project for $250K mixing vessel and facility support
- Initiated and oversaw $190K high-potent compound isolation weigh-off booth
- Initiated $350K renovation of equipment cleaning area for safety concerns and adherence to cGMP's
- Championed and established production measurements including efficiency, material usage, utilization, and quality holds. Efficiency increase of 15% and quality hold reduction of 25% while maintaining 98+% yield

Abbott Laboratories, Pharmaceutical Product Division, Chicago, IL **1994-2001**

Project Manager (New Product Development and Launch)	2000-2001
Inventory Planner	1998-2000
Production Supervisor	1996-1998

Responsible for 20% of profit and 15% of volume of total division performance from Third Party Manufacturer. Sole liaison between companies for all aspects of the contract agreement including Manufacturing, Product Development, Quality, Validation, Logistics, Regulatory, Project Management, Materials Management and Planning. Reputation for innovative thinking, high customer service, excellent project planning, outstanding leadership and the ability to continuously meet and exceed goals and produce results.

- Developed and reformulated two highly visible AIDS/HIV Pharmaceuticals at Third Party Manufacturer. Both products make-up 80% of Abbott's Protease Inhibitor volume and 90% of profit. Both projects created activist intervention and "fast track" FDA approvals and intense PAI's at the Third Party
- Responsible for all Quality Systems including NCR's, holds and Corrective Action and Preventative Action (CAPA)
- Proposed and implemented lean manufacturing techniques such as combining and removing processes and eliminating WIP steps to reduce cycle time by an average of 7 days (25%)
- Participated in development and implementation of in-line printing and vision systems reducing defects by 20% and improving throughput by 33%
- Instrumental in the Validation of equipment, cleaning and products (processes)

- Oversee sterile fill, injectable fill and packaging and parenterals
- Leader for shutdown and disaster planning and execution for hurricane storms in Florida. Removal of all product inventories, including refrigerated product, within a 12 hour period
- Leadership role in several high profile regulatory inspections including FDA, EMEA, MCA, DEA, OSHA, and FTZ
- Active role in the integration strategy of Knoll Pharmaceuticals for the combining of responsibilities for new product development and manufacturing

Manufacturing Professional Development Program (MPDP) 1994-1996

A highly exclusive and prestigious two-year program at Abbott Laboratories developed to provide outstanding manufacturing experience and education for future executives. The program requires the completion of four separate positions awarded solely through separate application and interviews.

- **Production Supervision**, Altavista, VA
  - Sterile Production Filling and packaging lines
- **Production Supervision**, Chicago, IL
  - Liquid filling and packaging plant
- **Inventory Controller**, Chicago, IL
  - Granulation and tablet manufacturing and packaging plant
- **Quality Systems Validation Specialist**, Chicago, IL
  - Laboratory equipment and software validation

Select Awards, Training/Seminars

- Commerce Chenango Chamber board member and Chairman. Led CEO/President search and selection team. 2014-2019.
- Professional Leadership Coaching 2017-2019
- Harvard Leadership Training 2019
- Pioneer Consulting, Lean Manufacturing and Value Stream Coaching and Development, 18 months 2012-2013, Jeff Brown, President and Personal Mentor
- Effective Systems Consulting, Leadership Styles and Strategies and Individual Executive Coaching and Development, 20 months 2010-2011, Chris Bernal, President and Personal Mentor
- First aid, CPR, First Responder Training
- Gearing up for Pre-Approval Inspections (IIR), Profession Presentations (AMA), Project Management (AMA), High Performance Management (CMED CD), Situational Leadership II (AMA)
- Recipient of 3 prestigious Chairman's awards at Abbott Labs with monetary award in 1997, 1999, and 2000
- Recipient of Leadership Award with monetary award from Abbott Laboratories in 1999
- Recipient of Quality Excellence Showcase 2000

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : PB00264800277

Dated effective: 1/11/2021
(MONTH, DAY, YEAR)

executed by: Akorn Operating Company LLC , as Principal,
(PRINCIPAL)

and by: Philadelphia Indemnity Insurance Company , as Surety,
(SURETY)

and 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 BELOW ADDRESSES:

150 S. Wyckles Road	Decatur	IL	62522
140 S. Wyckles Road	Decatur	IL	62522
5605 Centerpoint Court	Gurnee	IL	60031

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 9/8/2021
(MONTH, DAY, YEAR)

Signed and Sealed 9/8/2021
(MONTH, DAY, YEAR)

Akorn Operating Company LLC
PRINCIPAL

BY: _____
TITLE

Philadelphia Indemnity Insurance Company
SURETY

BY: _____
William T. Krumm, ATTORNEY-IN-FACT

SURETY ACKNOWLEDGMENT (ATTY-IN-FACT)

State of Illinois

County of Cook

I, Jodie Sellers, Notary Public, in the State of Illinois, do hereby certify that William T Krumm Attorney-in-Fact, of the **Philadelphia Indemnity Insurance Company** who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered said instrument, for and on behalf of the **Philadelphia Indemnity Insurance Company** for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Rolling Meadows in said County, this 8th day of September, 2021.

Notary Public Jodie Sellers

My Commission expires: 05/22/2022

JODIE SELLERS
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
May 22, 2022

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB00264800277

Application/License No. _____

Akorn Operating Company LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1925 W Field Court, Suite 300, Lake Forest, IL 60045 (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 19004-0950 (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 January 11, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 11th day of January, 2021.

APPLICANT/PRINCIPAL
Akorn Operating Company LLC

By: _____
Authorized Representative

SURETY COMPANY
Philadelphia Indemnity Insurance Company

By: _____
Surety Company's Representative

PHILADELPHIA INDEMNITY INSURANCE COMPANY CORPORATE SEAL 1927 PENNSYLVANIA

William T. Krumm, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Karen Socha

_____
Witness Sharon Foulk

Countersigned by:

N/A

Nevada Resident Agent

SURETY ACKNOWLEDGMENT (ATTY-IN-FACT)

State of Illinois

County of Cook

I, Jodie Sellers, Notary Public, do hereby certify that William T. Krumm Attorney-in-Fact, of the **Philadelphia Indemnity Insurance Company** who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered said instrument, for and on behalf of the **Philadelphia Indemnity Insurance Company** for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Rolling Meadows in said County, this 11th day of January , 2021 .

Notary Public Jodie Sellers

My Commission expires: 05/22/2021

JODIE SELLERS
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
May 22, 2021

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

Surety Bond Number: PB00264800277
Principal: Akorn Operating Company LLC
Obligee: Nevada State Board of Pharmacy

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint William T. Krumm its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $25,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO 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.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Morgan Kemp, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Sept. 25, 2021

(Notary Seal)

Notary Public: Morgan Kemp
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 this Power of Attorney issued pursuant thereto on this 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 11th day of January, 2021.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

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EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Akorn, Inc.**

CSVExcel

Filter: 150 South

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Akorn, Inc.	1450114	117696790	LABEL; PACK; RELABEL; REPACK;	150 South Wyckles Road, Decatur, Illinois (IL) 62522, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries (filtered from 7 total entries)
Previous1Next
Data Current through: Wednesday, Jan 20, 2021

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified
M.H
1/20/21

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NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Cipla Therapeutics, Inc.

Physical Address: 10 Independence Blvd., Suite 400

City: Warren State: NJ Zip: 07059

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (908) 356-8900 Website: under construction

Name of Designated Representative (DR): Ashok Harish Nayak

Licensing Company Email: CTI@slsny.com DR Email: Ashok.Nayak1@Cipla.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☒ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Distribution sites w/ organizations, Manufacturers, Distributors, Medical supply chains, US Government	☐ Others:

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 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?		✓
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)?		✓

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Jones Microbiology Institute, Inc
Address: 345 Beaver Kreek Centre, Suite A City: North Liberty State: IA Zip: 52317
Name: Cardinal Health 105, Inc
Address: PO Box 978709 City: Dallas State: TX Zip: 75397
Name: PPD Development
Address: 26361 Network Place City: Chicago State: IL Zip: 60673
Name: Eurofins Lancaster Laboratories Inc
Address: 2425 New Holland Pike City: Lancaster State: PA Zip: 17601

N/A

Section 4: 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 5: Non-Publicly Traded Corporation

State of Incorporation: DE
Parent Company (if any): InvaGen Pharmaceuticals, Inc.
Corporation Name: Cipla Therapeutics, Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Ste 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: CTI@slsny.com
Contact Person Name: Jennifer Schneider

N/A

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration Labeler Code: 80735 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A- InvaGen Pharmaceuticls, Inc. 100% full ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** Uses 3PL DEA	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Robert Christopher Nyen
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

07/30/2021
Date

Board Use Only	Date Received: _____	Amount: 500 Check # 5121

Processed 8/12/21

Cipla Therapeutics, Inc.

Corporate Address: 10 Independence Blvd., Suite 400, Warren, NJ 07059 USA
FEIN: 85-1076471
under construction

Drug Labeler Code: 80735
Incorporation State: DE
Incorporation Date: 05/15/2020

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
IBL	10 Independence Blvd. Suite 400 Warren, NJ 07059 County: Somerset	N/A	N/A - Uses 3PL DEA	117565108	No	(908) 356-8900	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Ashok Harish Nayak	[redacted] Forest Drive Springfield, NJ 07081	Treasurer	No	[redacted]	[redacted]	[redacted]

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
InvaGen Pharmaceuticals, Inc.	7 Oser Avenue Hauppauge, NY 11788	N/A	100	N/A	20-1420845	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Elizabeth G Ingram	[redacted] Thatcher Hill Road Flemington, NJ 08822	President and CEO	No	[redacted]	[redacted]	[redacted]
Robert Christopher Nyen	[redacted] Springmont Trl. Collierville, TN 38017	Secretary	No			
Ashok Harish Nayak	[redacted] Forest Drive Springfield, NJ 07081	Treasurer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Cardinal Health, 105, Inc. DBA Specialty Pharmaceutical Services	15 Ingram Blvd LaVergne, TN 37086					

Company Particulars

Maria Herrera

From: Compliance Department <compliance@slsnysupport.com>
Sent: Friday, September 10, 2021 8:25 AM
To: Maria Herrera
Subject: Fwd: [#113109] FW: Employee List for-Cipla Therapeutics, Inc.
Attachments: 3KAoafvR_i20wHLcW5dTKPie_nsunVVi2A.png

Ticket ID : 113109
Good Morning,

I hope this email finds you well,

Concerning the initial wholesaler application filed for Cipla Therapeutics, Inc. For their facility at 10 Independence Blvd. Suite 400, Warren, NJ 07059.

Please find attached previously requested the employee list. Will this be sufficient?

Last Name	First Name	Middle Initial	Title
Ingram	Elizabeth	Garrett	Chief Commercial Officer
Wentworth	James		VP & Head, Sales & Market Access
Nyen	Robert		VP & Lead Commercial Operations
Mcilhaney	Wendy		National Sales Director
Kowalski	Maribeth	B	Associate Director, Field Manager
Yee	Ying Cheung		Associate Director, Field Manager
Fogle	Kenneth		Associate Director, Third Party Supply Chain
Maniar	Jinen		Lead, Business Development
Newton	Dawn	M	Account Manager
Bhatnagar	Arvind		Account Manager
Moore	Abbey	H	Account Manager
Moser	Brooke	C	Account Manager
Smith	Willie	J	Account Manager
Nayak	Ashok		Treasurer

Kind regards,

Clay Cannon
Information Systems
State License Servicing, Inc.
1751 State Route 17A, Suite 3
Florida, NY 10921
Phone: (845) 544-2482 Ext. 222
Fax: (845) 544-2481

Email: compliance@slsnysupport.com

On Fri, 10 Sep at 9:03 AM , Catch All <catchall@slsny.com> wrote:

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, September 9, 2021 5:12 PM

Cipla THERAPEUTICS
Division of Cipla USA, Inc.

Officer List for Cipla Therapeutics, Inc.

To Whom it May Concern,

The following is a current list of officers for Cipla Therapeutics, Inc.:

- Elizabeth Garrett Ingram – President and CEO
- Ashok Harish Nayak – Treasurer
- Robert Christopher Nyen – Secretary

Signature _____

Date 24 June 2021

Cipla Therapeutics, a division of Cipla USA, Inc., 10 Independence Blvd., Suite 400, Warren, NJ 07059
Tel: 908.356.8900 Fax: 908.356.8991 Email: ciplausa@cipla.com Website: www.ciplausa.com

Cipla THERAPEUTICS
Division of Cipla USA, Inc.

Ownership Organizational Chart for Cipla Therapeutics, Inc.

Cipla Therapeutics, a division of Cipla USA, Inc., 10 Independence Blvd., Suite 400, Warren, NJ 07059
Tel: 908.356.8900 Fax: 908.356.8991 Email: ciplausa@cipla.com Website: www.ciplausa.com

Homestate License

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0741554

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

10 INDEPENDENCE BLVD-STE 400 WARREN, NJ 07059-

Reg. No.
5005839

CIPLA THERAPEUTICS, INC
C/O STATE LICENSE SERVICING
1751 STATE ROUTE 17A- STE 3
FLORIDA, NY 10921-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

Incorp Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIPLA 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 FIRST DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIPLA THERAPEUTICS INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MAY, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

7972329 8300

SR# 20212604920

Authentication: 203588236

Date: 07-01-21

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

Registrant Verification For
CARDINAL HEALTH

DEA Number:	RC0229965
Expiration Date:	08/31/2021
Additional Company Info:	DBA SPECIALTY PHARMACEUTICAL SERVICES
Registered Address:	15 INGRAM BLVD
City:	LA VERGNE
State:	TN
Zip Code:	37086
Business Activity:	DISTRIBUTOR
DEA Schedules:	2 2N 3 3N 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	07/26/2021

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrissette Dr, Springfield, VA 22152

Registration Number: 5005839 **Registered as:** Wholesale Print Verification Certificate

Name: CIPLA THERAPEUTICS, INC

DBA:

Address: 10 INDEPENDENCE BLVD-STE 400, WARREN, NJ 07059

Original Issue Date: 10/14/2020 **Expiration Date: 01/31/2022**

Current Issue Date: 10/14/2020

Disciplines: No

National Drug Code Directory

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

Current through August 12, 2021

You have searched Finished drug products

Search Results: *'80735'*

Back to Search Page | Search Again

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
Zemdri (plazomicin)	80735-820-96	500 mg/10mL	INJECTION	INTRAVENOUS	NDA210303	Cipla Therapeutics Inc.	80735-820	Plazomicin	PLAZOMICIN	HUMAN PRESCRIPTION DRUG	07/16/2018	N/A	NDA	10 VIAL in 1 CARTON (80735-820-96) > 10 mL in 1 VIAL (80735-820-37)	N/A

Showing 1 to 1 of 1 entries

Previous 1 Next

Background Information

Verified
9/9/21
MS

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Wednesday, September 30, 2020 4:42 PM
To: Michele Crawley/RA/US <Michele.Crawley@Cipla.com>
Subject: Labeler Code Request Approved

This message is from an EXTERNAL SENDER - be CAUTIOUS, particularly with links and attachments.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 30-SEP-2020
Labeler DUNS: 117565108
Labeler Name: Cipla Therapeutics Inc.
Labeler Code Assigned: 80735

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).

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Cipla Therapeutics, Inc.

Physical Address 10 Independence Blvd., Suite 400

City Warren State NJ Zip 07059

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (908) 356-8900 Website under construction

Licensing Company Email CTI@slsny.com

Section 2: Personal Information

First Ashok Middle Harish Last Nayak

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 63A Forest Drive

City Springfield State NJ Zip 07081

Telephone [redacted] Email Ashok.Nayak1@Cipla.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials AHN

School Name		From - To (MM/YY – MM/YY)	
Institute of Chartered Accountants of India		May 2010 - 09/2010	
Address	**City**	**State**	**Zip**
Bandra Kurla Complex, Bandra (E), Plot no C-40, Avenue 3	Mumbai, Maharashtra	India	400051
Diploma/Degree obtained, if any			
Chartered Accountancy, Accounting & Taxation			

School Name		From - To (MM/YY – MM/YY)	
New Law College - Mumbai University		May 2009 - 2010	
Address	**City**	**State**	**Zip**
Mahalaxmi Sindhi Colony, Matunga West, Mumbai	Maharashtra, India		400016
Diploma/Degree obtained, if any			
Bachelor of Law, Corporate & Allied Laws			

School Name		From - To (MM/YY – MM/YY)	
Mithibai College - Mumbai University		Mar 2006 - 2009	
Address	**City**	**State**	**Zip**
Bhaktivedanta Swami Marg, Gulmohar Road, Suvarna Nagar	Mumbai, Maharashtra	India	400056
Diploma/Degree obtained, if any			
Bachelor of Commerce, Finance and Taxation			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/21 - Present	[redacted] Forest Drive	Springfield	NJ	07081
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/18 - 07/20	186B Rutgers Road	Piscataway	NJ	08854
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2007 - 06/2018	B-204, Plot 327/328, Rd # 17 Jawahar	Nagar, Goregaon West, Mumbai	400104,	India
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)	
Cipla Therapeutics, Inc.			08/2018-Present	
Business Address		**City**	**State**	**Zip**
10 Independence Blvd., Suite 400		Warren	NJ	07059
Phone	**Title**		**Number of Employed Hours**	
(908) 356-8900	Treasurer		6,240hrs@ 40hrs a week	
Description of Duties				
Associate Director currently leading Finance, compliance, Tax projects for the group; led tax M&A due diligence				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**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	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # ___ ___ **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
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:

N/A

Original Signature (electronic, copies or stamps not accepted)

08-03-2021
Date

Applicant's initials AHN

I, Ashok Harish Nayak, **certify that as the designated representative for**

Cipla Therapeutics, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ashok Harish Nayak

Print Name (First, Last)

Ashok Nayak

Original Signature (electronic, copies or stamps not accepted)

08-03-2021

Date

Applicant's initials AHN

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.

Ashok Harish Nayak

Print Name (First, Last)

Ashok Nayak

Original Signature (electronic, copies or stamps not accepted)

08-03-2021

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Middlesex

I, ASHOK HARISH NAYAK, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ashok Nayak

Biplab Mazumdar

Original Signature

08-03-2021

Date

Subscribed and Sworn to before me this 3rd day of August 2021

Biplab Mazumdar

Notary Public Signature

BIPLAB MAZUMDAR
Notary Public – State of New Jersey
My Commission Expires Jan 4, 2022
(Seal)

Applicant's initials AHN

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. 2450536

Application/License No. _____

Cipla Therapeutics, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10 Independence Blvd, Suite 400, Warren, NJ 07059 (Address of Applicant/Principal), as PRINCIPAL, and Great American Insurance Company (Surety Company), a 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 301 E. 4th Street, Cincinnati, OH 45202 (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 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 May 18. 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 18th day of May, 2021.

APPLICANT/PRINCIPAL
Cipla Therapeutics, Inc.

Authorized Representative

SURETY COMPANY
Great American Insurance Company

Surety Company's Representative

Robyn Rost, 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

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 FOUR

No. 0 20979

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, each individually if more than one is named, 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, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; 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.

Name	Address	Limit of Power
STEPHEN SCHLUSSEL	ALL OF	ALL
ROBYN ROST	NEW YORK	$10,000,000.00
WILLIAM F. MARONEY		
MAUREEN GRANDE		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

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 5TH day of DECEMBER , 2017 .

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 5TH day of DECEMBER , 2017 , 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 05-18-2020

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 Divisonal 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 May , 2021 .

Assistant Secretary

GREAT AMERICAN INSURANCE GROUP

301 East 4th Street
Cincinnati, OH 45202

GAIG.com

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS
AS OF DECEMBER 31, 2020

ADMITTED ASSETS		LIABILITIES, CAPITAL AND SURPLUS		
Bonds	$ 4,386,347,507	Unpaid losses and loss expenses		$ 4,495,981,334
Stocks	1,201,868,403	Reserve for underwriting expenses		314,467,440
Mortgage loans on real estate	486,472,365	Federal income taxes		2,109,834
Real estate (net of encumbrances)	37,886,932	Reserve for unearned premiums		1,583,390,092
Cash and short-term investments	1,049,550,643	Ceded reinsurance premiums payable		178,445,021
Other invested assets	926,866,836	Funds held under reinsurance treaties		571,592,513
Receivable for securities	5,990,812	Retroactive reinsurance ceded		(107,661,905)
Investment income due and accrued	36,502,562	Other liabilities		228,061,621
Agents' and premium balances	728,740,997	Total liabilities		7,266,385,950
Reinsurance recoverable on loss payments	126,954,023			
Net deferred tax asset	149,581,575			
Receivable from affiliates	13,340,599			
Receivable from Federal Crop Insurance Corporation	398,733,386			
Company owned life insurance	191,104,977	Capital stock	$ 15,440,600	
Funds held as collateral	6,358,281	Paid in surplus	880,010,977	
Funded deductibles	30,751,380	Special surplus funds	83,566,748	
Other admitted assets	45,245,180	Unassigned funds	1,576,892,183	
		Policyholders' surplus		2,555,910,508
Total	$ 9,822,296,458	Total		$ 9,822,296,458

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners.

STATE OF OHIO

COUNTY OF HAMILTON

Robert J. Schwartz, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2020.

Subscribed and sworn to before me

this 2nd day of March, 2021

Holly M Clayton
Public Notary
Notary Public, State of Ohio
My Commission Expires April 28, 2025

NOTARIAL SEAL STATE OF OHIO

Controller

Assistant Secretary

4P

NEVADA STATE BOARD OF PHARMACY

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

* Revising Application to Change Facility Manager- Currently Pending Permit

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler * Revising Application to Change Facility Manager- Currently pending permit	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change		X Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Datascope Corp.

Physical Address: 1300 MacArthur Boulevard

City: Mahwah State: NJ Zip: 07430

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (973) 709-7000 Website: www.maquet.com/us

Name of Designated Representative (DR): Victoria M. Carenza

Licensing Company Email: DSP@slsny.com DR Email: michelle.carenza@getinge.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: Distribution sites with organization; Distributors	☐ Others: Devices (Rx); ONLY DEVICES

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 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?		✓
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)?		✓

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: XPO Logistics
Address: 2349 Route 130 South, Suite B City: Dayton State: NJ Zip: 08810
Name: Getinge US Sales, LLC
Address: 1 Geoffrey Way City: Wayne State: NJ Zip: 07470
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
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 5: Non-Publicly Traded Corporation

State of Incorporation: DE
Parent Company (if any): Getinge Holdings USA, Inc.
Corporation Name: Datascope Corp.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: DSP@slsny.com
Contact Person Name: Jennifer Schneider

N/A

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration Labeler Code: 2249723 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A- Getinge Holdings USA, Inc. - 100% sole ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A. NO DEA	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Jennifer A. Paradise

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

06 Aug 2024

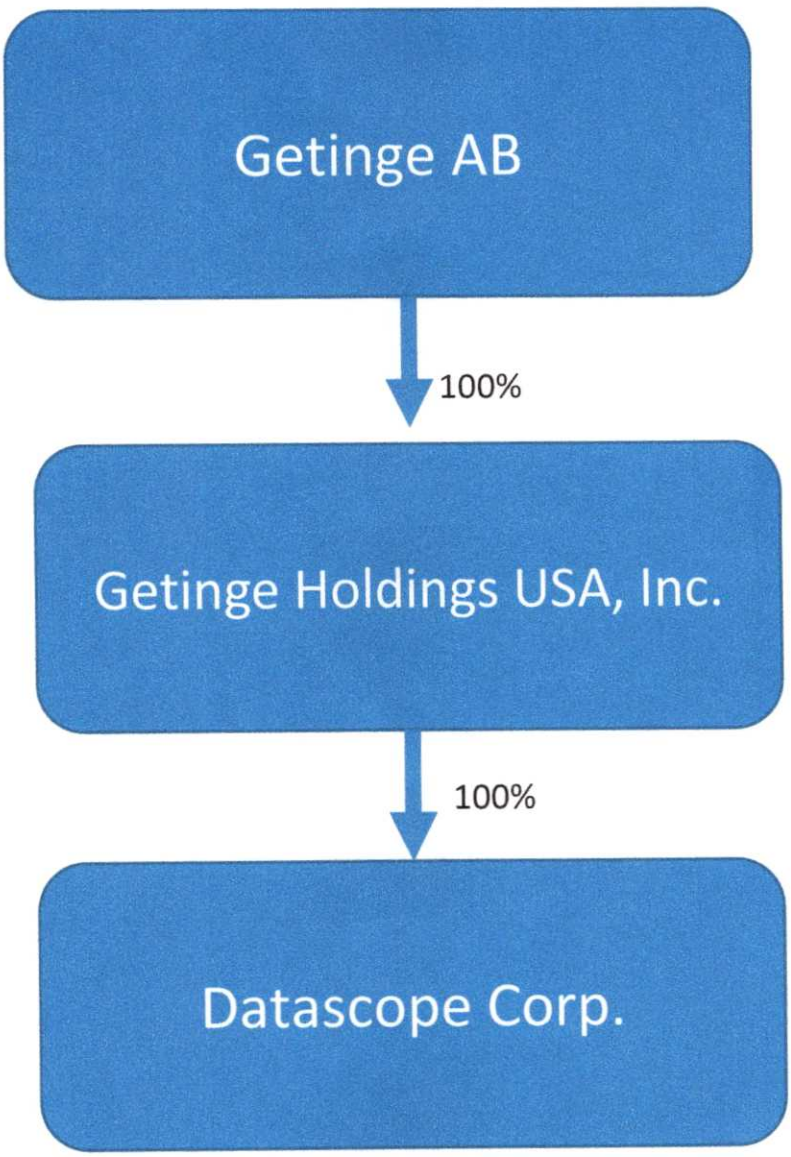
Date

Board Use Only	Date Received: _____	Amount: $500 Check # 1847

✓ processed 6/29/21

Ownership org chart

Datascope Corp. Ownership Chart



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DATASCOPE CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DATASCOPE CORP." WAS INCORPORATED ON THE FIFTH DAY OF OCTOBER, A.D. 1989.

Jeffrey W. Bullock, Secretary of State

2209780 8300

SR# 20211310029

Authentication: 203223730

Date: 05-17-21

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

Certificate of good standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DATASCOPE CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2021.

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2209780 8300

SR# 20211310029

Authentication: 203223730

Date: 05-17-21

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

Home State License

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0742562

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☐ wholesaler which conducts business at the following locations in this State:

1300 MACARTHUR BLVD MAHWAH, NJ 07430-
15 LAW DR FAIRFIELD,NJ 07004-

Reg. No.
5004738

GETINGE HOLDINGS USA, INC.
DATASCOPE CORP
C/O STATE LICENSE SERVICING
1751 STATE RTE 17A, STE 3
FLORIDA, NY 10921-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

Mackenzie Winne - All Ope... > 77477

☆ Reply Add note Forward Close Merge Delete ⋮

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

D **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

NJ Does not give out officials VOLs

Datascope Corp.

Corporate Address: 1300 MacArthur Blvd., Mahwah, NJ 07430 USA
FEIN: 13-2529596
www.maquet.com/us

Drug Labeler Code: 2249723
Incorporation State: DE
Incorporation Date: 10/5/1989

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MWA	1300 MacArthur Boulevard Mahwah, NJ 07430 County: Bergen	2249723	N/A		No	(973) 709-7000	(973) 709-6516

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Victoria M Carenza	[redacted]Lafayette Place Fair Lawn, NJ 07410	Quality Compliance Manager	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Getinge Holdings USA, Inc.	45 Barbour Pond Drive Wayne, NJ 07470	N/A	100	N/A	36-3750713	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Stephanie B Trizinski	[redacted]Clifford Drive Towaco, NJ 07082	VP, Cardiac Surgery	No	[redacted]		
Jennifer A Paradise	[redacted]Hill Hollow Road Warren, NJ 07059	VP, Cardiac Assist				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
XPO Logistics Supply Chain, Inc.	2439 Route 130 South Brunswick, NJ 08810					

Company partiCulars

Datascope Corp. List of Key Employees

VP, Cardiac Surgery – Stephanie Trizinski

VP, Cardiac Assist - Jennifer Paradise

Designated Representative – Victoria M Carenza

GETINGE

The following are the list of officers for DSP-Datascope Corp

Stephanie Trizinski-VP, Cardiac Surgery

Jennifer Paradise- VP, Cardiac Assist

Thank you,

Jennifer Paradise

Datascope Corp.
1300 MacArthur Blvd.
Mahwah, NJ 07430
Phone: 1 800 777 4222
Fax: 1 800 736 5455
www.getinge.com

Datascope Corp
Employee List

First Name	Last Name	Job Title
Margarita	Ogando	Manufacturing Operations Lead
Shirley	Guillen Diaz	Sr. Manufacturing Operator
Daniel	Kadkwai	Sr. Electronic Technician
Syed	Ahmed	Sr. Manufacturing Operator
Vicente	Iturvide	Manufacturing Operator
Gino	Reyes	Sr. Manufacturing Operator
Aden	Orto	Manufacturing Operator
Richard	Montalvo	Manufacturing Operations Lead
Paul	McEvoy	Sr. Manufacturing Operator
Sonny	Pardo	Sr. Manufacturing Operator
Wanda	Lopez	Manufacturing Operator
Mark	Kolta	Sr. Electronic Technician
Greydys	Silva-Banos	Manufacturing Operations Lead
Jose	Acosta	Manufacturing Operator
Joseph	Ponzi	Sr. Electronic Technician
Sergio	Rivera	Sr. Electronic Technician
Pamela	Palmer	Sr. Electronic Technician
Bibars	Gish	Manufacturing Operations Lead
Jesus	Ramirez	Sr. Electronic Technician
Iris	Rodriguez	Manufacturing Operations Lead
Ankita	Patel	Manufacturing Operator
Amul	Mehta	Sr. Electronic Technician
Abdellatif	Berkane	Sr. Electronic Technician
Roberto	Ordillano	Manufacturing Operator
Christian	Dries	Shipping Clerk I
Sandra	Aponte	Supervisor, Manufacturing
Alexei	Revoredo	Production Technician
David	Dolengo	Shipping Clerk I
Victor	Taveras	Shipping & Receiving Lead
Barbara	Almonte	Sr. Manufacturing Operator
Jeffrey	Hagues	Chemical Processor
John	Murray	Textile Processing Lead
Cinthya	Valenzuela	Shipping/Receiving Clerk II
Frederick	Bohannon	Chemical Processing Lead
William	Paretti	Sr. Sourcing Buyer
Kuljeet	Rai	Sr. Engineer, Quality & CAPA Process
Mina	Guirgis	Engineer II, Quality
Nam	Phan	Sr. Quality Engineer

Mikhail	Smirnov	Manager, Design Control
Elizabeth	Vinson	Engineer II, Design Quality
Hrushikesh	Patel	Manager, Supplier Quality
Hiren	Rana	Engineer II, Design Quality
Israel	Montanez	Manager, Quality Control
Samuel	Kim	Engineer II, Quality
Ahmed	Kandil	Sr. Quality Engineer
Rozalin	Gris	Engineer II, Quality
Joseph	Petruzzelli	Principal Engineer, Usability
Sarah	Matloff	Sr. Engineer, Systems
Jorge	Taboada	Sr. Engineer, Electrical
Kevin	Kohlsaat	Engineer I, R&D
Joseph	Izzo	Principal Systems Engineer
Rebecca	Levin	Engineer I, Systems
Eric	McClatchie	Sr. Principal Engineer, Electrical
Hamdi	Karkat	Sr. Engineer, Electrical
William	Hall	Fellow Engineer, Electrical
Larissa	Hernandez	Engineer I, Production
Ruth	Smith	Sr. Engineer
David	Ludwig	Supervisor, Engineer
Mena	Gerges	Sr. Engineer, Production
Gregory	Hecker	Supervisor, Engineer
Robert	Tucker	Principal Engineer, Production
Joseph	D'Alterio	Sr. Engineer, Production
Alexander	Syzonenko	Sr. Engineer, Production
Anthony	Battaglia	Sr. Engineering Technician, R&D
Jocelyn	Isip	Associate Engineering Technician, R&D
Diana	Thimmaiah	Sr. Engineer, Software
Laura	Trumper	Engineer II, Software
Frank	Laba	Sr. Engineering Technician, Software
Frank	Erli	Fellow Engineer, Software
Scott	Eaton	Principal Engineer, Software
Gail	Easse	Sr. Engineer, Software
Susan	Hebert	Sr. Principal Engineer, Software
Philmore	Halls	Principal Engineer, Software
Rui	Silva	Principal Engineer, Software
Robert	Freamon	Principal Engineer, Software
Daniel	Zahner	Manager, Software & Systems Engineering
Francis	Cartey	Principal Engineer, Software

Dennis	Geer	Sr. Service Technician
Carl	Famulare	Technical Associate
Kubilay	Ozbek	Maintenance Technician II
Mohamed	Eladawi	Engineer II, Production
Julissa	Monahan	Engineer II, Production
Erika	Sarajian	Engineer II, Production
Edwin	Sifuentes	Supervisor, Calibration
Raul	Chicaiza	Engineer I, Manufacturing Sustaining
Steven	Leidenfrost	Engineer II, Electrical
Stephen	Petraglia	Sr. Engineer, Production
Soonkyom	Yoon	Manager, Mechanical Engineering
Rafael	Bishay	Project Leader, R&D
Jenny	Dahabsu	Project Leader, R&D
Jennifer	Kaus	Project Manager, R&D
Sachi	Ramcharitar	Project Manager, R&D
Jun	Liu	Program Manager, R&D
Stergios	Zacharia	Buyer I, Direct
Paula	Douma	Sr. Buyer
Eloisa	Sanchez	Project Analyst
Connor	Griesel	Engineer I, Production
Cristian	Georgescu	Engineer II, Production
Kenneth	Brown	Sr. Engineer, Production
Karim	Camargo	Document Control Specialist
Michael	Blackwood	Document Control Specialist
Stephanie	Moretti	Document Control Specialist
Robert	Velebir	Global Technical Services & Training Programs Manager
Janice	Clayson	Technical Services Requirements Specialist
Robert	Kaelblein	Sr. Technical Support Specialist
Mark	Miller	Sr. Manager, Global Sales & Service Training, Cardiac Assist
Dawn	Frey	Training Administrator
Mykhailo	Kazakov	Product Manager
Laura	Miller	Marketing Specialist II
Jennifer	Herbst	Sr. Product Manager
Joanne	Meikle	Sr. Global Clinical Program Manager
Christopher	Pawlak	Product Manager, Cardiac Assist - IABP
Kevin	Rye	Engineer II, Quality
Eneida	Mendez	QC Inspector II
Varghese	Mundanchira	Sr. QC Inspector
Ginette	Nunez Garcia	Sr. Quality Engineering Technician

Rosario	Castro	QC Inspector II
Robert	Antoniuk	Sr. QC Technician
Mark	Guirguis	Sr. Engineer
Lara	Sarraf	Sr. Principal Engineer, Biomedical
Todd	Wilson	Engineer, Biomedical
Manish	Modi	Sr. Engineer, Biomedical
Daniel	Katz	Sr. Manager, Engineering Program Management
Michael	Puma	Sr. Director, Engineering and New Product Development
Julio	Monroy	Sr. Director, Marketing CA
Alain	Forget	Director, Business Development
John	Tomkowid	Sr. Engineer, Supplier Quality
Katie	DeFranco-Norton	Engineer II, Supplier Quality
Angelica	OHara	Engineer I, Supplier Quality
Randy	Rauch	Sr. Engineer, Supplier Quality
Ralph	Ebler	Sr. Manager, R&D Software Engineering
Brianne	Bernardo	Administrative Assistant IV, R&D
Shrenik	Daftary	Sr. Manager, Systems & Electrical Engineering
Paul	Nigroni Jr	Director, Innovation
Brian	Prais	Director, R&D Engineering
Tammy	D'imperio	Manager, R&D Operations
Steven	Soklevski	Calibration Technician IV
Patrick	Rossidivito	Calibration Technician II
Doreen	Doig	Engineer I, Calibration
Raphael	Dickerson	Calibration Technician II
Gerald	Ebio	Sr. Engineer, Quality Software Validation
Abdelilah	Latabi	Engineer I, Production
John Edison	de Vergara	Engineer II, Production
John	Griesler	Engineer I, Production
Ronald	Shaban	Engineer II, Production
Jhann	Heras	Engineer II, Production
Lidia	Jones	Sr. Technical Services ERP Data Analyst
Dawn	Paull	Sr. Supply Planner
Nevar	Booker	Manager II, Manufacturing
Joel	Fernandez Santos	Supervisor, National Repair Center
Scott	DePalma	Sr. Manager, Sustaining & Production Engineering
Walter	Krahn	Sr. Service Parts Specialist
Beth	Cheney	Sr. Project Manager
Isabelle	Prokopenko	Engineer I, Production
William	Parr	Sr. Engineer, Production

Louis	Serra	Sr. Engineer, Production
Isaac	Awad	Engineer II, Production
Jennifer	Paradise	VP, Product Area - Cardiac Assist
Youwei	Zhang	Sr. Engineer, Mechanical
Robert	Hoff	Principal Engineer, Mechanical
Julie	Fuentes	Engineer II, Mechanical
Alex	Vinogradov	Sr. CAD Designer/Drafter
William	Repka	Principal Engineer, Mechanical
Samuel	Wishnie	Engineer I, R&D
Patrick	Adee	Principal Engineer, Mechanical
Yun	Yi	Engineer II, Mechanical
David	Hojnacki	Sr. Engineer, Systems
Frank	Giordano	Principal Engineer, Software

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
Datascope Corp.
1300 Macarthur Blvd
Mahwah , NJ 07430
Registration Number: 2249723
FEI Number*: 3001418283
Status: Active
Date Of Registration Status: 2018

Owner/Operator:
Datascope Corp.
15 Law Drive
Fairfield, NJ 07004
Owner/Operator Number: 2221819

Official Correspondent:
Dennis Genito
15 Law Drive
Fairfield, NJ 07004
Phone: 973-7097515

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 09/24/2018

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Proof of FDA - Registration (FEI)

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Establishment Registration & Device Listing

New Search | Back To Search Results

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FDA/labeler Code

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Datascope Corp.

Physical Address: 1300 MacArthur Boulevard

City: Mahwah State: NJ Zip: 07430

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (973) 709-7000 Website: www.maquet.com/us

Licensing Company Email: DSP@slsny.com

Section 2: Personal Information

First: Victoria Middle: M Last: Carenza

Alias(es, nicknames, name changes, etc.): Michelle Carenza, Michelle Fox

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Lafayette Place

City: Fair Lawn State: NJ Zip: 07410

Telephone: [redacted] Email: michelle.carenza@getinge.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: _____

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

N/A

Applicant's initials: MC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
East Tennessee State University		2007-2010	
Address	**City**	**State**	**Zip**
101 Burgin E. Dossett Hall Box 70561	Johnson City	TN	37614
Diploma/Degree obtained, if any			
BS, Mechanical Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
Walters State Community College		2002-2004	
Address	City	State	Zip
500 South Davy Crockett Parkway	Morristown	TN	37813
Diploma/Degree obtained, if any			
AS, Pre-Engineering			

School Name		From - To (MM/YY – MM/YY)	
Cocke County High School		1998-2002	
Address	City	State	Zip
216 Hedrick Drive	Newport	TN	37821
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/01/2011-Present	[redacted]Lafayette Place	Fair Lawn	NJ	07410
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Datascope Corp.			04/2017 - Present	
Business Address		**City**	**State**	**Zip**
1300 MacArthur Boulevard		Mahwah	NJ	07430
Phone	**Title**		**Number of Employed Hours**	
(973) 709-7000	Quality Compliance Manager		8,320	
Description of Duties				
Drive completion of remediation activities necessary to create/maintain strong compliant quality systems; support manufacturing output in accordance with the FDA, CE and other government agencies in accordance with QMS; lead development and execution of site objectives and prioritization to ensure full alignment between all functional areas and mediate as needed.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
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:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials

I, Victoria M. Carenza, **certify that as the designated representative for**

Datascope Corp.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Victoria M. Carenza

Print Name (First, Last)

Victoria Michelle Carenza

Original Signature (electronic, copies or stamps not accepted)

04-Aug-2021

Date

Applicant's initials VMC

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.

Victoria M. Carenza

Print Name (First, Last)

Victoria Michelle Carenza — 04-Aug-2021

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Bergen

I, Victoria M. Carenza, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Victoria Michelle Carenza — 04-Aug-2021

Original Signature — Date

Subscribed and Sworn to before me this 4th day of August 2021

Tiffany Stoute

Notary Public Signature

(Seal) TIFFANY M. STOUTE
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires December 10, 2025

Applicant's initials VMC

Register of Shareholders

DATASCOPE CORP.

2711 Centerville Road, Suite 400
Wilmington, Delaware 19808

REGISTRATION NO.: 2209780

REGISTER OF SHAREHOLDERS

Names of Shareholders	Addresses	Class of Shares	No. of Shares	Share Certificate No.	Denoting Nos.	Share Acquisition Date	Shares Disposition Date
GETINGE HOLDING USA, INC.	160 Greentree Drive, Suite 101 Dover, Delaware 19904	Common	1,000			02/03/2009	July 15, 2013
GETINGE HOLDING USA II, INC.	160 Greentree Drive, Suite 101 Dover, Delaware 19904	Common	1,000			July 15, 2013	

I, Jon Snodgres, in my capacity as Chief Financial Officer hereby certify under oath that the above information is true, accurate, and complete as of December 31, 2013.

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. K15754205

Application/License No. _____

Datascope Corp. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1300 MacArthur Blvd. Mahwah, New Jersey 07430 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Indiana (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Halls Mill Road, PO Box 1650 Whitehouse Station, NJ 08889 (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 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 29th, 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 29th day of March, 2021.

APPLICANT/PRINCIPAL

COMPANY
Datascope Corp.

Authorized Representative

SURETY

Federal Insurance Company

Surety Company's Representative

Kelly M. Shea, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

DATASCOPE CORP
1989
DELAWARE
CORPORATE SEAL

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Jessica M Greene, Christopher K. Shea and Kelly M. Shea of Rochester, New York ------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this 2nd day of **March, 2020.**

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this 2nd day of **March, 2020** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 29th day of March, 2021

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

CORPORATION ACKNOWLEDGMENT

STATE OF NEW ~~YORK~~ Jersey
COUNTY OF Passaic

On this 29th day of March in the year 2021, before me personally came Jennifer Paradise to me known, who, being by me duly sworn, did depose and say she resides in Warren, New Jersey; that she is the Vice President of the Datascope Corp corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

Susan M Eichler-Huston
Notary Public

SUSAN EICHLER-HUSTON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 6/1/2022

SURETY ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF MONROE

On this 29th day of March in the year 2021, before me personally came Kelly M. Shea to me known, who, being by me duly sworn, did depose and say that he resides in Rochester, New York ; that he is the Attorney-In-Fact of Federal Insurance Company the corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

Jessica M. Greene
Notary Public

JESSICA M. GREENE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GR6412198
Qualified in Monroe County
Commission Expires December 21, 2024

FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

JUNE 30, 2019

(in thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ (476,792)	Outstanding Losses and Loss Expenses	$ 6,750,802
United States Government, State and Municipal Bonds	4,811,955	Reinsurance Payable on Losses and Expenses	1,232,039
Other Bonds	5,021,431	Unearned Premiums	1,958,666
Stocks	32,020	Ceded Reinsurance Premiums Payable	377,358
Other Invested Assets	930,899	Other Liabilities	868,035
TOTAL INVESTMENTS	10,319,513	TOTAL LIABILITIES	11,186,900
Investments in Affiliates:		Capital Stock	20,980
Great Northern Ins. Co.	389,754	Paid-In Surplus	2,711,473
Vigilant Ins. Co.	337,205	Unassigned Funds	1,399,031
Chubb Indemnity Ins. Co.	177,261		
Chubb National Ins. Co.	178,671	SURPLUS TO POLICYHOLDERS	4,131,484
Chubb European Inv. Holdings, SLP	126,252		
Other Affiliates	89,644		
Premiums Receivable	1,432,840		
Other Assets	2,267,434		
TOTAL ADMITTED ASSETS	$ 15,318,384	TOTAL LIABILITIES AND SURPLUS	$ 15,318,384

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At June 30, 2019, investments with a carrying value of $609,132,062 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 30 th day of June, 2019.

Sworn before me this August 27, 2019

Senior Vice President

Notary Public

August 8, 2023
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2023
Commission number 1235745
Member, Pennsylvania Association of Notaries

4Q

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

☒ New Wholesaler
☐ Ownership Change
☐ Name Change
☐ Location Change (in-state only)

* If making a change, provide current license number:
WH _____

☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Facility Name: Getinge USA Sales, LLC
Physical Address: One Geoffrey Way
City: Wayne State: NJ Zip: 07470
Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (973) 709-7000 Website: www.getinge.com
Name of Designated Representative (DR): Pedro A Cruz
Licensing Company Email: GUS@SLSNY.com DR Email: pedro.cruz@getinge.com

☐ Pharmacies
☐ Practitioners
☒ Hospitals
☐ Wholesalers
☒ Others: Clinics or institutions, US Government, Other Distributors

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Controlled Substances
☐ Hypodermic Devices
☐ Veterinary Legend Pharmaceuticals
☐ Others:

Section 2: History of Company		No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 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?		✓
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)?		✓

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.

[redacted]

Name: Maquet Cardiovascular
Address: 45 Barbour Pond Road City: Wayne State: NJ Zip: 07470
Name: Maquet Critical Care
Address: Röntgenvägen 2 City: Solna State: Sweder Zip:
Name: Maquet Cardiovascular
Address: Kehler Str. 31 City: Rasttat State: Germar Zip:
Name: Atrium Medical Corporation
Address: 40 Continental Blvd. City: Merrimack State: NH Zip: 03054

N/A

[redacted]

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:

[redacted]

State of Incorporation: DE
Parent Company (if any): Datascope Corp.
Corporation Name: Getinge USA Sales, LLC
Mailing Address: One Geoffrey Way
City: Wayne State: NJ Zip: 07470
Telephone: (973) 709-7000 Email: GUS@SLSNY.com
Contact Person Name: Jennifer Schneider, Attorney-In-Fact

N/A

[redacted]

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

[redacted]

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ **N/A Owned by Datascope 100% Sole Owner		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A- No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Eric Matthew Honroth

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/22/21

Date

Board Use Only	Date Received: _____	Amount: $500 Check # 1850

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0741748

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

ONE GEOFFREY WAY WAYNE, NJ 07470-

Reg. No.
5005478

GETINGE USA SALES. LLC
ONE GEOFFREY WAY
WAYNE, NJ 07470-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GETINGE USA SALES, 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 APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GETINGE USA SALES, LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2016.

Jeffrey W. Bullock, Secretary of State

6114530 8300

SR# 20211511265

Authentication: 203094895

Date: 04-29-21

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

List of offices.

GETINGE

E. Honroth | 1 Geoffrey Way | Wayne, NJ 07470 | USA

Getinge USA Sales, LLC – Officer List

Eric Matthew Honroth, President

John McPartlin, Senior Director of Finance

Jose Miguel Marti, Chief Financial Officer, Finance/Accounting

Regards,

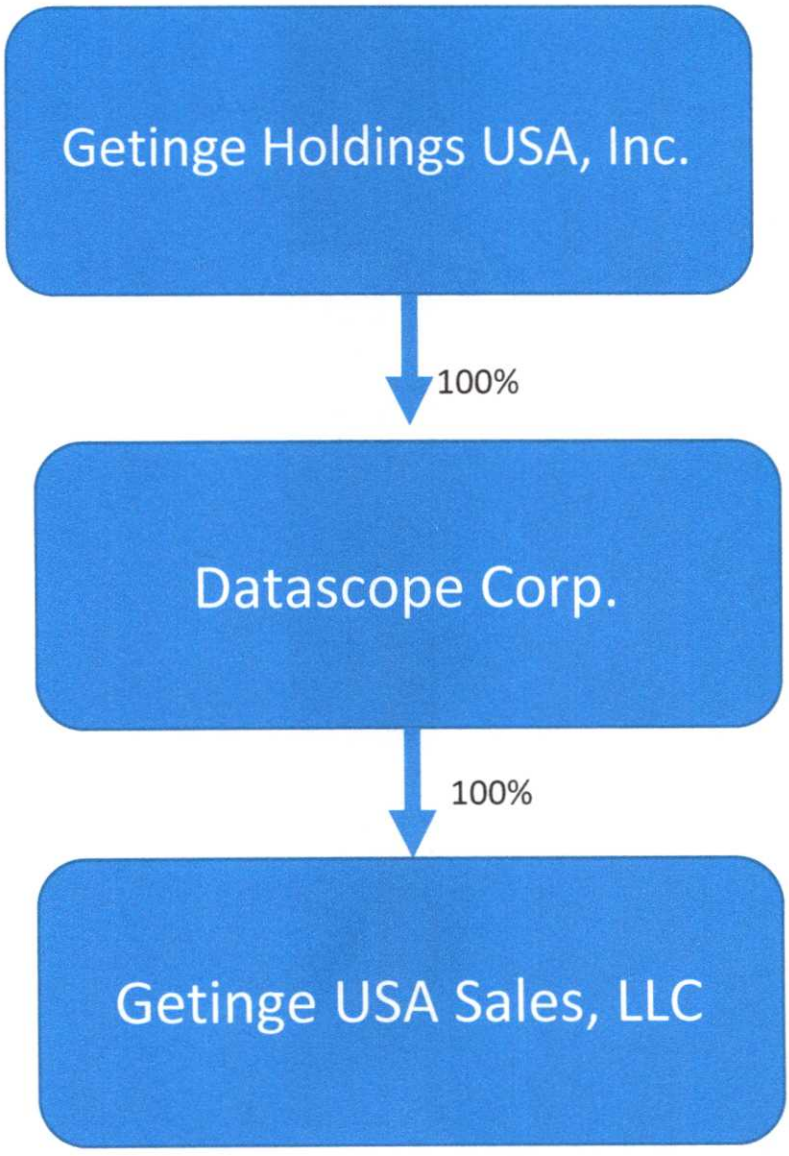
Eric Matthew Honroth, President, North America

Getinge
1 Geoffrey Way
Wayne, NJ 07470
USA

Email: eric.honroth@getinge.com

www.getinge.com

Getinge USA Sales, LLC Ownership Chart



GETINGE

Getinge USA Sales, LLC

Corporate Address: One Geoffrey Way, Wayne, NJ 07470 United States
FEIN: 32-0503354
www.getinge.com

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 8/3/2016

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
GEO	One Geoffrey Way Wayne, NJ 07470 County: Passaic	3013876692	N/A - No CS		No	(973) 709-7000	(973) 709-6511

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Pedro A Cruz	One Geoffrey Way Wayne, NJ 07470	Director, Regional Quality and Regulatory Compliance	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Datascope Corp.	1300 MacArthur Blvd. Mahwah, NJ 07430		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Jose Miguel Marti Manrique	[redacted] Terrassa (Barcelona) Spain, 08221 Spain	Chief Financial Officer, Finance/Accounting	No
Eric Matthew Honroth	[redacted] Almaviva Drive Johns Creek, GA 30022	President	No
John G McPartlin	[redacted] Dutchtown Harlingen Road Belle Mead, NJ 08502-5117	Senior Director of Finance	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
National Registered Agents, Inc.

3PLS

Name	Address	Title	Prescribing Authority
XPO Logistics Supply Chain, Inc.	2349 Route 130 South Brunswick, NJ 08810		

Company Particulars

List of Employees

First Name	Last Name	Legal Entity	Location	Job Function
Priscilla	Buscaino	US05-Getinge USA Sales, LLC	113-Wayne (USA)	A&F-Administration/Facilities
Joseph	Letizia	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Michael	Sinche	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Richard	McDaniel	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Jennifer	Zutterman	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	A&F-Administration/Facilities
Alan	Chen	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Beth	Newman	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Carisse	Von Gemmingen	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Matthew	Clemente	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Heather	Pace	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Edyta	Palen	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	A&F-Administration/Facilities
Ines	Cavero	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	A&F-Administration/Facilities
Leah	Pedrani	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	A&F-Administration/Facilities
Jacqueline	Drouet	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Arisleyda	Reynoso-Grullon	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Wilder	Linares	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Edgar	Alvarez	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Nelson	Contreras	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Phenician	Sullivan	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Ben	Sezer	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Kathy	Mennor	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Catherine	Munley	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Courtney	Angotti	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Daniela	Perez	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Annamaria	Spina	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Jazmen	Fields	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Jessica	Gill	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Amanda	Oggier	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Kadey	Spence	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Michael	Aguas	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Monique	Jarvis	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Fernanda	Ribeiro	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Sam	Smith	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting

Stacey	Polzer	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Lisa	Robinson	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Linda	Berkoben	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Qudsia	Jahangir	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Robin	Broderick	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Rolanda	Oliver	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Evangelos	Papadatos	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Jodie	Salazar	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Nicholas	Napoli	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Dawn	Ferran	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Cristina	Bolcar	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Thomas	Yu	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Charles	Dunn	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Crystal	Westbrooks	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Anitra	Maurrasse	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
James	Begala	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Elizabeth	Baiunco	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Nicole	Serra	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Thomas	Kay	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Amanda	Stifano	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Julie	Durocher	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Richard	Geer	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Nicole	Conillas	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Dean	Contrino	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Ashley	Iannelli	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Pamela	Wong	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Amparo	Vasquez	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Victoria	Radcliffe	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Leslie	McCaskill	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Betty	Ferreiras	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Matthew	DeSimone	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Jack	Roche	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
John	Cavoli	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Henry	Coleman	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting

Ellen	Trostin	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Brian	Ix	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Claudia	Ko	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Caitlin	Stolzenberg	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Patrik	Norell	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Romelia	Batista	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Victoria	Balik	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	A&F-Administration/Facilities
Jennifer	Gerard	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Joseph	Luterzo	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Byron	Likdisha	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Yacob	Burtamekh	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Oscar	Ramos	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Peter	Dannenfelser	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Dawson	Despot	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Jeanine	Haug	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Brianne	Gallagher	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
John	Peles	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Saranee	Hausman	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Phedra	Tsilionis	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Paul	Soto	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	IT-Information Technology
Beth	Delaney	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALES-Sales
Jessica	Henriques	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Felicita	Ramos	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Laura	Downs	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Raquel	Bueno	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Brittney	Pimenta	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Luis	Davalos Lopez	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Toni	Gega	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Elizabeth	Peterson	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Bridget	Peabody	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Carol	Sherman	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Ellyn	Collins	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Anna	Mulderrig	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	HR-Human Resources
Jaeyoung	Rhyu	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management

Michael	Ramos	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Jose	Negrin	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Largesa	Ziba	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Marie	Solari	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Amanda	Mckinnon	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Vlora	Odza	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Lydia	Spakosky	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Giovanny	Viznay	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SUPCHN-LOG-Supply Chain/Logistics
Nattawan	Waraporn	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Rafael	Soriano	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Lin	Yan	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Gary	Spohn	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Justin	Purewal	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Arlene	Veitch	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Sean	Boyle	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Purvi	Dey	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Victoria	Goethals	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
John	McPartlin	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Claudia	Ventura	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Catherine	Vera	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Ilene	Jacolow	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Sebastian	Munoz	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	CS-Customer Service
Tabitha	Matusiak	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Cheryl	Garrick	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Diane	Fanelli	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Anais	Humphrey	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Dennis	Rendon	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
John	Scibetta	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Jason	Perlman	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Edward	Robinson	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
James	Kim	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Joshua	Castillo	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Joseph	Cortina	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Danielle	Mulieri	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management

Barry	Annis	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	M&PM-Marketing/Product Management
Vivian	Marini	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	SALSERVSUP-Sales and Service Support
Susan	Evans	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	A&F-Administration/Facilities
Maria	Camareno Valerin	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Sofia	Ruiz Cubero	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Karen	Londino	US05-Getinge USA Sales, LLC	115-Wayne, NJ, Geoffrey (USA)	F&A-Finance/Accounting
Cord	Meyer	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
Manish	Godbole	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
Richard	Harzula	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
Alexander	Kuciej	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SUPCHN-LOG-Supply Chain/Logistics
Peter	Betti	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
Jose	Gutierrez	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SUPCHN-LOG-Supply Chain/Logistics
Joan	Johnson	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
Benjy	Saint Julien	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SUPCHN-LOG-Supply Chain/Logistics
Vishalbhai	Rana	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
Richard	Hardesty	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
Lance	Wallace	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
Carmelito	Eduarte	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
Eric	Schaefer	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
John	Fleming	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support
Joseph	McKinney	US05-Getinge USA Sales, LLC	13-Mahwah NJ (USA)	SALSERVSUP-Sales and Service Support

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
GETINGE USA SALES, LLC
1 Geoffrey Way
Wayne , NJ 07470
Registration Number: 3013876692
FEI Number*: 3013876692
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:
Getinge AB
Lindholmspiren 7
Gothenburg, Vastra Gotalands Lan [SE-14] SE SE-417 56
Owner/Operator Number: 10055718

Official Correspondent:
Dennis Genito
Lindholmspiren 7
Gothenburg, Vastra Gotalands Lan [SE-14] SE SE-417 56
Phone: 46-10-3359015

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Verified 8/12/21 M.H

Page Last Updated: 03/01/2021
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Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA Registration
519

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Getinge USA Sales, LLC

Physical Address One Geoffrey Way

City Wayne State NJ Zip 07470

Mailing Address (if different from physical address) c/o State license Servicing, 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (973) 709-7000 Website www.getinge.com

Licensing Company Email GUS@SLSNY.com

Section 2: Personal Information

First Pedro Middle A Last Cruz

Alias(es, nicknames, name changes, etc.) Pedro Cruz

Date of Birth [redacted] SSN or ITIN _____ Sex ■ M ☐ F ☐ X

Mailing Address [redacted]Wood Duck Cove

City Oak Ridge State NJ Zip 07438-8882

Telephone [redacted] Email pedro.cruz@getinge.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Applicant's initials PC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Stevens Institute of Technology		08/1992 - 05/1997	
Address	**City**	**State**	**Zip**
1 Castle Point Terrace	Hoboken	NJ	07030
Diploma/Degree obtained, if any			
Bachelor of Engineering - Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2006- Present	[redacted] Wood Duck Cove	Oak Ridge	NJ	07438
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RV

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Getinge USA Sales, LLC			From - To (MM/YY – MM/YY): 08/2017 - Present
Business Address: One Geoffrey Way	City: Wayne	State: NJ	Zip: 07470
Phone: (973) 709-7000	Title: Director, Regional Quality and Regulatory Compliance		Number of Employed Hours: 7,840 hours
Description of Duties: Responsible for consent decree remediation activities for the Maquet Medical Sysytems business. Responsible for development and execution of quality strategies across North America and Latin America. provide leadership to regional Quality and Regulatory Compliance personnel (9 direct reports, total reports)			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

	Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
	1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
N/A	2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
	3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
	4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
	5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
	6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
	7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
	8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
	9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
	10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A **Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials PC

I, Pedro A Cruz, **certify that as the designated representative for**

Getinge USA Sales, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Pedro A Cruz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/19/21

Date

Applicant's initials PC

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.

Pedro A Cruz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/19/21

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Passaic

I, Pedro Cruz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/19/21

Date

Subscribed and Sworn to before me this 19 day of JULY.

Notary Public Signature

VICTORIA BALIK
Notary Public - State of New Jersey
My Commission Expires Oct 21, 2025

(Seal)

Applicant's initials

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. K15754266

Application/License No. _____

Getinge USA Sales, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1 Geoffrey Way, Wayne, NJ 07470 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Indiana (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Halls Mill Road, PO Box 1650 Whitehouse Station, NJ 08889 (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 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 May 3,2021 (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 3rd day of May, 2021.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Jessica M. Greene, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Jessica M Greene, Christopher K. Shea and Kelly M. Shea of Rochester, New York ------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **2nd** day of **March, 2020.**

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **2nd** day of **March, 2020** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316556
Commission Expires July 18, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 3rd day of May, 2021

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

CORPORATION ACKNOWLEDGMENT

STATE OF New Jersey
COUNTY OF Passaic

On this 3rd day of May in the year 2021, before me personally came John McPartlin to me known, who, being by me duly sworn, did depose and say he resides in Wayne; that he is the Sr Director, Finance of Getinge USA Sales, LLC the limited liability company described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed in accordance with the company's governing Operating Agreement, and that he signed his name thereto by like order.

Susan Evans
Commission # 2244283
Notary Public, State of New Jesrey
My Commission Expires
March 9, 2025

S Evans
Notary Public

SURETY ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF MONROE

On this 3rd day of May in the year 2021, before me personally came Jessica M. Greene to me known, who, being by me duly sworn, did depose and say that she resides in Rochester, New York; that she is the Attorney-In-Fact of Federal Insurance Company the corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that she signed her name thereto by like order.

Christine F. Peartree
Notary Public

CHRISTINE F PEARTREE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01PE6411435
Qualified in Monroe County
My Commission Expires 11-23-2024

FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

JUNE 30, 2019

(in thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ (476,782)	Outstanding Losses and Loss Expenses	$ 6,750,802
United States Government, State and Municipal Bonds	4,811,955	Reinsurance Payable on Losses and Expenses	1,232,039
Other Bonds	5,021,431	Unearned Premiums	1,958,866
Stocks	32,020	Ceded Reinsurance Premiums Payable	377,358
Other Invested Assets	930,899	Other Liabilities	868,035
TOTAL INVESTMENTS	10,319,513	TOTAL LIABILITIES	11,186,900
Investments in Affiliates:		Capital Stock	20,980
Great Northern Ins. Co.	389,764	Paid-In Surplus	2,711,473
Vigilant Ins. Co.	357,205	Unassigned Funds	1,399,031
Chubb Indemnity Ins. Co.	177,261		
Chubb National Ins. Co.	178,871	SURPLUS TO POLICYHOLDERS	4,131,484
Chubb European Inv. Holdings, SLP	126,252		
Other Affiliates	89,644		
Premiums Receivable	1,432,840		
Other Assets	2,267,434		
TOTAL ADMITTED ASSETS	$ 15,318,384	TOTAL LIABILITIES AND SURPLUS	$15,318,384

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At June 30, 2019, investments with a carrying value of $608,132,082 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 30 th day of June, 2019.

Sworn before me this August 27, 2019

Senior Vice President

Notary Public

My commission expires August 8, 2023

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2023
Commission number 1235745
Member, Pennsylvania Association of Notaries

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Medexus Pharma, Inc.

Physical Address: 29 N Wacker Dr., Suite 704

City: Chicago State: IL Zip Code: 60606

Telephone Number: (312) 854-0500 Fax Number: (312) 750-1082

Toll Free Number: _____

E-mail: khaled.mohamed@medexus.com Website: www.medexus.com

Facility Manager: Khaled Mohamed

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? 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
Address: 4100 Quest Way, Suite 114, Memphis, TN 38115

Name: Amerisource Bergen
Address: 1195 Trademark Dr, Suite 120A, Reno, NV 89521 / 345 International Blvd, Suite 400A, Brooks, KY 40109

Name: Cardinal Health
Address: 15 Ingram Blvd., La Vergne, TN 37086

Name: Paragon Healthcare / Paragon Atlanta Pharmacy
Address: 17111 Preston Rd, Suite 150, Dallas, TX 75248 / 5775 Peachtree Dunwoody Road, Suite D-100A, Atlanta, GA 30342

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

Michael Adelman
Print Name of Authorized Person

10/28/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00 Processed 7/27/21

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: MI Acquisitions

Mailing Address: Corporation Trust Center 1209 Orange St

City: Wilmington State: DE Zip: 19801

Telephone: (302) 658-7581 Fax: N/A

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) MI Acquisitions Corporation Trust Center 1209 Orange St, Wilmington, DE 19801
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.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDEXUS 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-NINTH DAY OF JULY, 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 "MEDEXUS PHARMA, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JUNE, A.D. 2012.

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

Jeffrey W. Bullock, Secretary of State

5172217 8300

SR# 20212841886

Authentication: 203798793

Date: 07-29-21

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

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.004712

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2022

LICENSED WHOLESALE DRUG DISTRIBUTOR

MEDEXUS PHARMA INC
KHALED MOHAMED
29 N WACKER DR STE 704 RM 722
CHICAGO, IL 60606-9590

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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

15361814

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: 4212648

Corporate Officers, Board of Directors, Owners and Partners Information

Corporation Information:
Medexus Pharma, Inc.
29 N. Wacker Dr.
Suite 704
Chicago, IL 60606
State of Incorporation: Delaware
Date of Incorporation: June 19, 2012

Medexus Pharma, Inc. is a whole subsidiary of MI Acquisitions, Inc.

Stock Ownership: 100%
MI Acquisitions, Inc.

Registered Agent:
The Corporation Trust
1209 Orange St.
Wilmington, Delaware 19801

Corporate Officers:

Michael Adelman
President and CEO
Business Address: 29 N. Wacker Dr., Suite 704, Chicago, IL 60606
Business Phone: 312-854-0500

William T. Poncy
Senior Vice President, Commercial Operations
Business Address: 29 N. Wacker Dr., Suite 704, Chicago, IL 60606
Business Phone: 312-854-0500

MEDEXUS PHARMA

Description of Operations

Medexus Pharma, Inc. is a VirtualManufacturer. Medexus Pharma, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers by their Third-Party Logistics Provider, Cardinal Health Specialty Pharmaceutical Services , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Patheon Italia S.p.A
2° Trav. SX Via Morolense, 5
Ferentino, Italy 03013
FDA Establishment Number: 3004110157

Contact Person: Jill Feldman
Contact Number: 312-854-0507

Patheon Italia S.p.A manufactures Medexus Pharma, Inc.'s product and packages finished product. At no time does Patheon Italia S.p.A own the product, contract with Medexus Pharma, Inc.'s customers, invoice, nor sell a Medexus Pharma, Inc. product. Medexus Pharma, Inc.'s products are not Controlled Substances.

Labeler Code:
59137

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal Health Specialty Pharmaceutical Services acts as Medexus Pharma, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Medexus Pharma, Inc.'s product to Wholesalers throughout the United States. Cardinal Health Specialty Pharmaceutical Services 's address is:

Cardinal Health Specialty Pharmaceutical Services
15 Ingram Blvd.
LaVergne, TN 37086
Hayley Massey, (615)287-0496

Medexus Pharma, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

Employee List

Medexus Pharma, Inc.
Name
Adelman, Michael
Albright, Jeffrey
Arungwa, Perpetua
Athas, Laura
Bass, Judy
Belsham, Grant
Brown, Kierra
Calderon, Walter
Chawla, Neha
Chmielewski, Dariusz
Clapper, Jonathan
Cloud, Brittany
Coul, Messini
Cuello, Sergio
Delima, Izabel
Dennis, Julie
Drake, Kimberly
Dring, Cindy
Ebert, Marshall
Edmonds, Matthew
Engemann, Ashley
Favors-Kennedy, Pamela
Feldman, Jill
Fessel-Braddock, Susy
Fosdal, Mark
Franzoso, Nicole
Ganley, Myles
Gbadebo, Samuel
Ishisaka, Toshiye
Jones, Amy
Jones, Karen
Kolar, Kristin
Konopa, Alanah
Konrad, Marcel
Kulekowskis, Kimberly
Latcovich, Nora
Lebron, Rene
Lemarie', Lesley
Leon, Julissa
Lovelace, Orson
Lucena, Mariana
McElhaney, Michael
Melville, Stacy
Mohamed, Khaled

Negron, Richard
Newkom, John
Palmer, Cheron
Pan, Zongming
Penner-Dunlop, Rhonda
Peters, Brian
Pine, Michael
Pohlod, Janet
Poncy, William
Rowe, Ellen
Stancook, Andrew
Steward, Keith
Storton, George
Tate, Glenn
Teisler, Daniel
Tellez, Leobardo
Wei, Jackie
Westwood, Amy
Williams, LaTonya
Woodcock-Ross, Hope

National Drug Code Directory

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

Current through July 28, 2021

You have searched Finished drug products

Search Results: '59137'

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
Hexatrione	59137-570-01	40 mg/2mL	INJECTION, SUSPENSION	INTRA-ARTICULAR		Medexus Pharma, Inc.	59137-570	triamcinolone hexacetonide	TRIAMCINOLONE HEXACETONIDE	HUMAN PRESCRIPTION DRUG	03/03/2021	N/A	UNAPPROVED DRUG FOR USE IN DRUG SHORTAGE	1 AMPULE in 1 CARTON (59137-570-01) > 2 mL in 1 AMPULE
Rasuvo	59137-530-01	20 mg/.4mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA205776	Medexus Pharma Inc.	59137-530	methotrexate	METHOTREXATE SODIUM	HUMAN PRESCRIPTION DRUG	07/10/2014	N/A	NDA	1 PACKAGE in 1 CARTON (59137-530-01) > .4 mL in 1 PACKAGE (59137-530-00)
Rasuvo	59137-540-04	25 mg/.5mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA205776	Medexus Pharma Inc.	59137-540	methotrexate	METHOTREXATE SODIUM	HUMAN PRESCRIPTION DRUG	07/10/2014	N/A	NDA	4 PACKAGE in 1 CARTON (59137-540-04) > .5 mL in 1 PACKAGE (59137-540-00)
Rasuvo	59137-505-01	7.5 mg/.15mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA205776	Medexus Pharma Inc.	59137-505	methotrexate	METHOTREXATE SODIUM	HUMAN PRESCRIPTION DRUG	07/10/2014	N/A	NDA	1 PACKAGE in 1 CARTON (59137-505-01) > .15 mL in

verified M.H 7/26/21

CURRICULUM VITAE

Khaled M. Mohamed
E-mail: khaled.mohamed@medexus.com

[redacted] S. Harvey Ave
Oak Park, IL 60304
Phone [redacted]

EDUCATION

December 1999 — **University of Michigan-Ann Arbor, Ann Arbor, MI**
Bachelor of Science

June 1994 — **Cass Technical High School, Detroit, MI**
High School Diploma
Emphasis: Biochemistry

RELEVANT WORK HISTORY

02/15/14 – Present — **Medexus Pharma, Inc.:** ***Director – Global Regulatory Affairs and Pharmacovigilance***

- Develop and execute BD regulatory plans.
- Maintenance all existing marketing authorizations.
- Generate and/or review regulatory submissions; correspond with Regulatory Agencies and respond to questions/requests.
- Represent or lead the RA function on assigned cross-functional project teams.
- Ensure project teams and business objectives and deliverables are aligned with regulatory strategy.
- Monitor applicable regulatory requirements; assure compliance with internal and external standards.
- Approve and generate regulatory compliant labeling consistent with approved Company Core Safety Information and drug product authorizations.
- Manage drug promotional label review and approval process with applicable stake holders.
- Establish and maintain PV services and compliance activities in accordance with regulatory expectations.
- Serve as a secondary reviewer/approver for Quality Assurance.
- Review and approve SOP's for compliance with local and global regulations.
- Manage state licensing activities
- Provide direct supervision, as needed.

5/29/12 – 02/14/14 — **Baxter Healthcare Corporation:** ***Manager – Global Regulatory Affairs***

- Drive global alignment of product labeling with approved Company Core Safety Information
- Develop and execute regulatory plans for complex projects including new products, geo expansion, and maintenance of license/authorization for existing marketing authorizations.
- Generate and/or review regulatory submissions; correspond with Agencies and respond to questions/requests.
- Represent or lead the RA function on assigned cross-functional project teams.
- Monitor applicable regulatory requirements; assure compliance with Baxter and external standards.
- Establish appropriate communication within RA and other functions primarily at project level.
- Develop and document sound regulatory decisions and justifications.
- Ensure project teams and business objectives and deliverables are aligned with regulatory strategy.
- Provide direct supervision of individuals.
- Review promotional material or SOP's for compliance with local and global regulations.

CURRICULUM VITAE

Khaled M. Mohamed
E-mail: khaled.mohamed@medexus.com

[redacted] S. Harvey Ave
Oak Park, IL 60304
Phone ([redacted]

RELEVANT WORK HISTORY (continued)

7/12/10 – 05/25/12 **Hospira Incorporated:** ***Product Manager – Global Regulatory Affairs***

- Directed 505(b)(2) pharma development and 505(j) initiatives.
- Interfaced with regulatory authorities to attain concept/developmental strategy guidance.
- Assessed pre-clinical and/or clinical impact for differentiated drug product profiles.
- Generated Center of Excellence (COE) cross functional presentations to communicate lessons learned.
- Managed harmonized core dossier compilation activities across global hubs, third party and functional stakeholders.
- Evaluated commercial and legal strategies.
- Generated primary labeling and assess IP impact for carve-out.

3/06/06 – 07/11/10 **Hospira Incorporated:** ***Sr. Regulatory Affairs Associate – Global Regulatory Affairs***

- Directed project teams to convey regulatory requirements and strategies to meet corporate goals, utilizing excellent written, oral and interpersonal communication skills.
- Lead project initiative teams to create specific submission process guides of regulatory practice between cross-functional areas.
- Conducted inter-departmental training sessions on harmonized procedures to ensure increased dossier compilation efficiencies and overall submission quality.
- Assembled and executed innovative regulatory strategies resulting in speedy yet significantly reduced deficient NDA/ANDA/CMC submissions globally.
- Prepared suitability petitions and PLR labeling to meet specific submission needs.
- Interfaced with FDA and international reviewers to attain approval of regulatory submissions.
- Interpreted new and existing regulatory requirements to ensure compliance with all FDA and international regulatory requirements.
- Reviewed and classified change control requests for regulatory impact.

9/09/05 – 3/03/06 **Morton Grove Pharmaceuticals Incorporated:** ***Regulatory Affairs Associate***

- Launched e-submission development to achieve competency for eCTD publishing.
- Generated and maintained new, pending and approved ANDAs.
- Organized and submitted CMC related supplements.
- Reviewed and categorized Change Control Requests.
- Generated and reviewed Annual Reports.

9/01/02 - 9/07/05 **Ferndale Laboratories Incorporated:** ***Regulatory Affairs Specialist/Coordinator***

- Interpreted new and existing regulatory requirements to ensure compliance with all FDA and international regulatory requirements.
- Interfaced with FDA and international reviewers to attain approval of regulatory submissions.
- Represented the Regulatory Affairs Department in interdepartmental meetings and acted on behalf of the Regulatory Affairs Director.
- Interacted with project team members to convey regulatory requirements and strategies to meet corporate goals, utilizing excellent written, oral and interpersonal communication skills.
- Assembled and maintained ANDAs/NDAs/INDs, CMC updates, Annual Reports, Supplements, Amendments, DIN Applications, and foreign product registration.

5/07/01 - 9/01/02 **Ferndale Laboratories Incorporated:** ***Quality Assurance – Master Document Specialist***

- Created and evaluated master documents, ensuring regulatory and cGMP compliance.
- Coordinated communication between impacted departments to modify the flow and increase the effectiveness of QA operations.

CURRICULUM VITAE

Khaled M. Mohamed
E-mail: khaled.mohamed@medexus.com

[redacted] S. Harvey Ave
Oak Park, IL 60304
Phone [redacted]

RELEVANT WORK HISTORY (continued)

2/05/01 - 4/15/01 **American Red Cross Southeastern Michigan Region:** ***Lab Technician***
- Implemented programs to process safe, reliable, cost-effective blood, plasma and tissue supplies.
- Enhanced programs to meet growing healthcare needs by updating Standard Operating Procedures.

7/01/00 - 1/30/01 **Correspondent Lending, a division of ABN-AMRO:** ***Customer Service Representative***
- Recommended decisions on loan applications submitted to the company.
- Organized filing and retrieving systems in coordination with loan processing department.

9/01/00 - 12/01/00 **United States Department of Commerce Bureau of the Census:** ***Census Enumerator***
- Performed data entry tasks.
- Communicated in written and verbal form with residents concerning Census Data.

8/01/98 - 12/01/99 **University of Michigan Hospital Department of Internal Medicine:** ***Work Study***
- Coordinated Medical lab reports and other administrative paperwork in a clinical environment.
- Assisted division secretary with various projects and reports.

1/04/99 - 4/30/99 **University of Michigan-Ann Arbor:** ***Biochemistry Lab Proctor***
- Assisted students, faculty, and staff with course challenges.
- Scheduled weekly Quizzes and offered advice relevant to course success.

TRAININGS & CONFERENCES

- Art of Writing a Clinical Overview
- CCDS and Prescribing Information Educational Seminar
- Post-marketing Drug Safety and Pharmacovigilance
- GPhA/FDA Quality by Design Workshop
- ISPE Auditing for cGMP Compliance
- Preparation of the Common Technical Document (CTD) to European Marketing Authorization
- UW-Extension Services in Pharmacy: Introduction to the Regulatory Process for Pharmaceutical Scientists

LANGUAGES: Fluent in **English and Arabic**

REFRENCES: Available upon request

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. 83BSBIR4857

Application/License No. _____

MEDEXUS PHARMA, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 29 N. Wacker Dr., Suite 704 Chicago, IL 60606 (Address of Applicant/Principal), as PRINCIPAL, and HARTFORD FIRE INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza Hartford, CT 06155 (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 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 July 23, 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 23rd day of July, 2021.

APPLICANT/PRINCIPAL
MEDEXUS PHARMA, INC.

Authorized Representative

SURETY COMPANY
HARTFORD FIRE INSURANCE COMPANY

Surety Company's Representative

Bartlomiej Siepierski, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Rachel Fore

Witness Ricky Casas

Countersigned by:

Nevada Resident Agent
Non-Resident Agent Christopher P. Troha

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC
Agency Code: 83-553702

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **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 :

Derek J. Elston, Christopher P. Troha, Marcia K. Cesafsky, Rachel Fore, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

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 Whersof, 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, Assistant Secretary

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 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 7/23/2021.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF COOK

On this 23rd day of July, 2021, before me, Derek Elston, a Notary Public, within and for said County and State, personally appeared Bartlomiej Siepierski to me personally known to be the Attorney-in-Fact of and for Hartford Fire Insurance Company and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Notary Public in the State of Illinois
County of Cook

OFFICIAL SEAL
DEREK ELSTON
NOTARY PUBLIC, STATE OF ILLINOIS
COOK
MY COMMISSION EXPIRES 09/08/2022

MEDEXUS PHARMA

November 23, 2020

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 Medexus Pharma, Inc. ("Medexus"), please see the attached application for a Wholesale license.

Medexus is a Virtual Manufacturer whose products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers by their Third-Party Logistics Provider, Cardinal Health, who is licensed to ship pharmaceutical products into your state.

If you have a question regarding this application, please contact me at Jordan.spadafora@twolabs.com or via phone at (614) 578-3827. Please also address all written communication to me. My address is 1340 Acton Rd, Columbus, OH 43224.

Thank you in advance for your assistance.

Jordan Spadafora
Licensing Analyst

4S

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☒ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Kartha Pharmaceuticals, Inc.

Physical Address: 1135 Four Lakes Drive, Suite F

City: Matthews State: NC Zip: 28105

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (980) 322-9177 Website: www.karthapharmaceuticals.com

Name of Designated Representative (DR): Manoj Babu Mazhuvancheril

Licensing Company Email: KAR@ slsny.com DR Email: manoj.babu@ karthapharmaceuticals.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 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?		✓
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)?		✓

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: None. We are launching our first product.
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: 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:

N/A

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

N/A

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: Manoj Babu Mazhuvancheril
Business Name: Kartha Pharmaceuticals, Inc.
Business Address: 1135 Four Lakes Drive, Suite F
City: Matthews State: NC Zip: 28105
Telephone: (980) 322-9177 Email: KAR@slsny.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration Labeler Code: 73320 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A- No Controlled Substances	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Manoj Babu Mazhuvancheril

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

08/28/21

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 16734 Processed 9/1/21

556

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

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National Drug Code Directory

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Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
BACLOFEN	73320-001-01	5 mg/1	TABLET	ORAL	ANDA214374	Kartha Pharmaceuticals, Inc.	73320-001	BACLOFEN	BACLOFEN	HUMAN PRESCRIPTION DRUG	07/01/2021	N/A	ANDA	30 TABLET in 1 BOTTLE (73320-001-01)	GABA A Agonists [MoA], GABA B Agonists [MoA], gamma-Aminobutyric Acid-ergic Agonist [EPC]
BACLOFEN	73320-001-02	5 mg/1	TABLET	ORAL	ANDA214374	Kartha Pharmaceuticals, Inc.	73320-001	BACLOFEN	BACLOFEN	HUMAN PRESCRIPTION DRUG	07/01/2021	N/A	ANDA	100 TABLET in 1 BOTTLE (73320-001-02)	GABA A Agonists [MoA], GABA B Agonists [MoA], gamma-Aminobutyric Acid-ergic Agonist [EPC]
BACLOFEN	73320-001-03	5 mg/1	TABLET	ORAL	ANDA214374	Kartha Pharmaceuticals,	73320-001	BACLOFEN	BACLOFEN	HUMAN PRESCRIPTION	07/01/2021	N/A	ANDA	500 TABLET in 1 BOTTLE	GABA A Agonists

Verified M.U 9/17/21

Homestate License

557

2021

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1690

LICENSE/CERTIFICATE: Virtual Manufacturer
TYPE

Expiration Date 12/31/2021

LICENSEE OR CERTIFICATOR

Kartha Pharmaceuticals, Inc.
1135 Four Lakes Drive, Suite F
Matthews NC 28105

LICENSED
2021
NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

Good Standing 558

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

KARTHA PHARMACEUTICALS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of January, 2014, 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 19th day of July, 2021.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 110896855-1 Reference# 17641090- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

Kartha Pharmaceuticals, Inc.

Corporate Address: 1135 Four Lakes Drive, Suite F, Matthews, NC 28105 USA
FEIN: 32-0432815
www.karthapharmaceuticals.com

Drug Labeler Code: 73320
Incorporation State: NC
Incorporation Date: 1/1/2014

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
1135	1135 Four Lakes Drive, Suite F Matthews, NC 28105 County: Mecklenburg	N/A	N/A - No CS	038272011	No	(980) 322-9177	(980) 308-0980

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Manoj Babu Mazhuvancheril	[redacted] Four Lakes Drive, Suite F Matthews, NC 28105	Founder & CEO	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Manoj Babu Mazhuvancheril	[redacted] Four Lakes Drive, Suite F Matthews, NC 28105	Founder & CEO	100	No	[redacted]		

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Manoj Babu Mazhuvancheril	[redacted] Four Lakes Drive, Suite F Matthews, NC 28105	Founder & CEO	No	[redacted]		
Karthika Manoj Mazhuvancheril	[redacted] Summer Breeze Ct Charlotte, NC 28277-8106	Secretary	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc			
Manoj Mazhuvancheril			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
LifeScience Logistics, LLC	3860 S. 500 E Suite 200 Whitestown, IN 46075					

Company particulars

List of Employees
Virtual Manu

kartha
pharmaceuticals

Kartha Pharmaceuticals, Inc. List of Employees

1. Chris Gurchiek
2. Karthika Manoj Mazhuvancheril
3. Manoj Babu Mazhuvancheril

1135 Four Lakes Drive, Suite F, Matthews, NC 28105 Phone: +1 980-322-9177 eFax: +1 980-308-0980

List of officers

kartha pharmaceuticals

Kartha Pharmaceuticals, Inc. - List of Officers

The following is the current list of officers for Kartha Pharmaceuticals, Inc

- Manoj Babu Mazhuvancheril - Founder & CEO
- Karthika Manoj Mazhuvancheril - Secretary

Signature: Manoj Babu Mazhuvancheril Digitally signed by Manoj Babu Mazhuvancheril Date: 2021.04.05 15:24:28 -04'00'

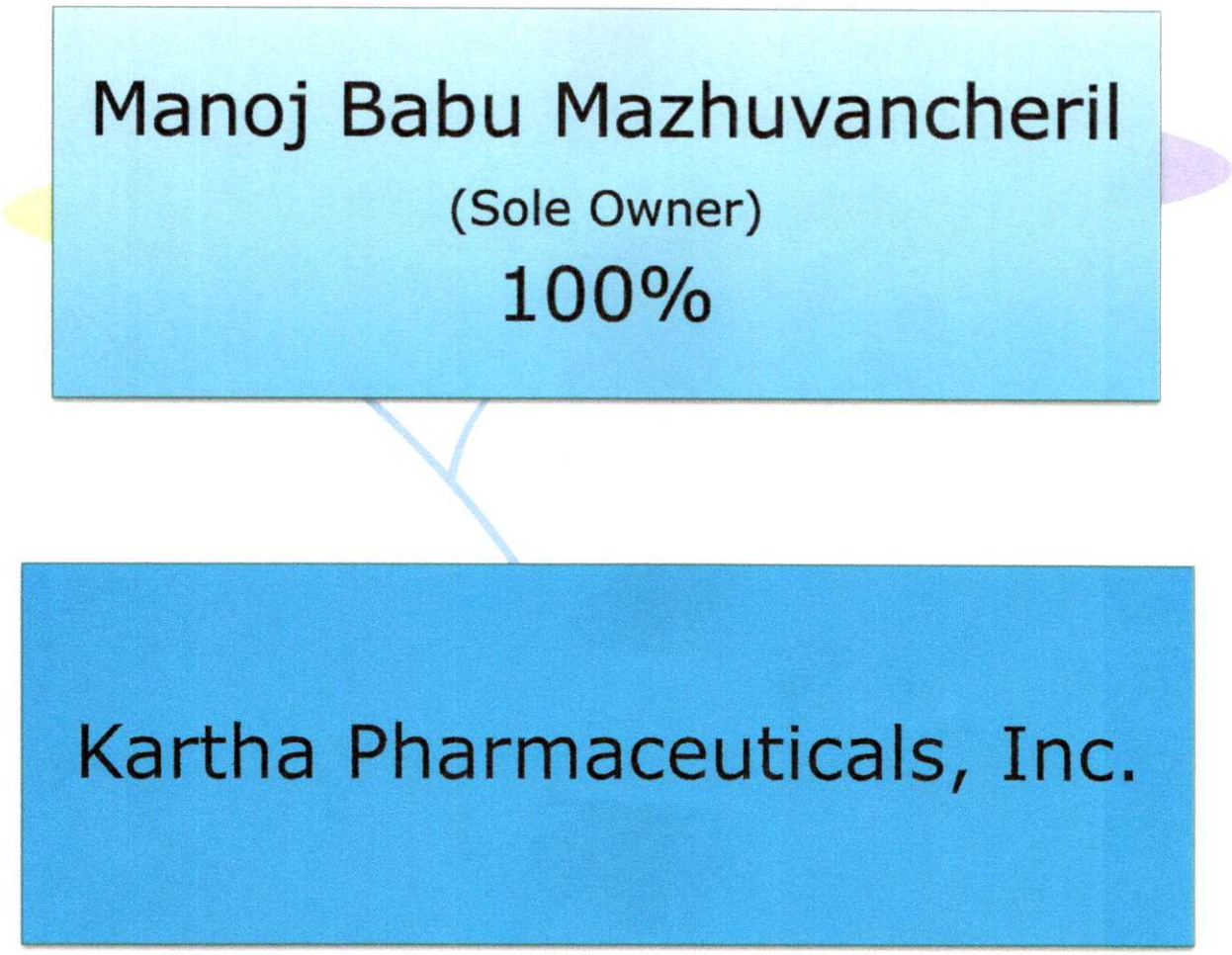
Date:

1135 Four Lakes Drive, Suite F, Matthews, NC 28105 Phone: +1 980-322-9177 eFax: +1 980-308-0980

Organizational chart

kartha pharmaceuticals

Kartha Pharmaceuticals, Inc. Organizational Chart



1135 Four Lakes Drive, Suite F, Matthews, NC 28105 Phone: +1 980-322-9177 eFax: +1 980-308-0980

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Kartha Pharmaceuticals, Inc.

Physical Address: 1135 Four Lakes Drive, Suite F

City: Matthews State: NC Zip: 28105

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.karthapharmaceuticals.com

Licensing Company Email: KAR@slsny.com

Section 2: Personal Information

First: Manoj Middle: Babu Last: Mazhuvancheril

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Summer Breeze Ct

City: Charlotte State: NC Zip: 28277

Telephone: [redacted] Email: manoj.babu@karthapharmaceuticals.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: MB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Duke University		2005 – 2006	
Address	**City**	**State**	**Zip**
450 Research Drive	Durham	NC	27708
Diploma/Degree obtained, if any			
M.B.A.			

School Name		From - To (MM/YY – MM/YY)	
Case Western Reserve University		1990 – 1998	
Address	**City**	**State**	**Zip**
10900 Euclid Ave.	Cleveland	OH	44106
Diploma/Degree obtained, if any			
Ph.D. Chemistry, M.S. Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Indian Institute of Technology		1988 – 1990	
Address	**City**	**State**	**Zip**
Kalyanpur	Kanpur, India	N/A outside USA	N/A outside USA
Diploma/Degree obtained, if any			
M.Sc. Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Sainik School Kazhakootam		1978 - 1985	
Address	**City**	**State**	**Zip**
Kazhakoottam-Killmanoor Rd	Kazhakkoottam, Kerala	India	695585
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2007 – To date	[redacted] Summer Breeze Ct.	Charlotte	NC	28277
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MB

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Kartha Pharmaceuticals, Inc.			2008 - Present	
Business Address		**City**	**State**	**Zip**
1135 Four Lakes Drive, Suite F		Matthews	NC	28105
Phone	**Title**		**Number of Employed Hours**	
(980) 322-9177	Founder & CEO		27,000 @ 40hr a wk	
Description of Duties				
Business leader with 25 years experience in global pharmaceutical arena. Skilled at identifying sustainable opportunities, initiating and developing business relationships. Leadership in team and business building. Broad experience in pharmaceutical product-based, technology-based and services - based companies. In charge of concept-to-commercialization for Kartha.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**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	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	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.

Applicant's initials MR

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials MB

I, Manoj Babu Mazhuvancheril, **certify that as the designated representative for**

Kartha Pharmaceuticals, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Manoj Babu Mazhuvancheril

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/28/21

Date

Applicant's initials MB

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.

Manoj Babu Mazhuvancheril

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 08/31/21

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Mecklenburg

I, MANOJ BABU MAZHUVANCHERIL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 08/31/21

Subscribed and Sworn to before me this 31 day of August 2021.

Notary Public Signature

Joy Oswalt
NOTARY PUBLIC
Gaston County, NC
My Commission Expires January 04, 2022

(Seal)

Applicant's initials MB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Kartha Pharmaceuticals, Inc.

Physical Address: 1135 Four Lakes Drive, Suite F

City: Matthews State: NC Zip: 28105

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.karthapharmaceuticals.com

Licensing Company Email: KAR@slsny.com

Section 2: Personal Information

First: Manoj Middle: Babu Last: Mazhuvancheril

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Four Lakes Drive, Suite [redacted]

City: Matthews State: NC Zip: 28105

Telephone: [redacted] Email: manoj.babu@karthapharmaceuticals.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: NVB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Duke University		2005 – 2006	
Address	**City**	**State**	**Zip**
450 Research Drive	Durham	NC	27708
Diploma/Degree obtained, if any			
M.B.A.			

School Name		From - To (MM/YY – MM/YY)	
Case Western Reserve University		1990 – 1998	
Address	**City**	**State**	**Zip**
10900 Euclid Ave.	Cleveland	OH	44106
Diploma/Degree obtained, if any			
Ph.D. Chemistry, M.S. Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Indian Institute of Technology		1988 – 1990	
Address	**~~City~~**	**~~State~~**	**~~Zip~~**
Kalyanpur, Kanpur	Uttar Pradesh	India	208016
Diploma/Degree obtained, if any			
M.Sc. Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Sainik School Kazhakootam		1978 - 1985	
Address	**~~City~~**	**~~State~~**	**~~Zip~~**
Kazhakoottam-Killmanoor Rd	Kazhakkoottam, Kerala	India	695585
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/07 – to date	[redacted] Summer Breeze Ct..	Charlotte	NC	28277
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Kartha Pharmaceuticals, Inc.			2008 - Present
Business Address	**City**	**State**	**Zip**
1135 Four Lakes Drive, Suite F	Matthews	NC	28105
Phone	**Title**		
(980) 322-9177	Founder & CEO		

Description of Duties
Business leader with 25 years experience in global pharmaceutical arena. Skilled at identifying sustainable opportunities, initiating and developing business relationships. Leadership in team and business building. Broad experience in pharmaceutical product-based, technology-based and services - based companies. In charge of concept-to-commercialization for Kartha.

Business Name			From - To (MM/YY – MM/YY)
Polpharma S.A., USA			2013 - 2021
Business Address	**City**	**State**	**Zip**
Headquarters: Bobrowiecka 6, 00-728 Warszawa	Warsaw	Poland	
Phone	**Title**		
Out of Country	Advisor- Head, Business Development & Sales, NA, SA & India		

Description of Duties
Responsibilities included budgetary for North, South American and India, coming up with growth strategies, sales, out-licensing, co-development deals and etc.,Chief architect of transforming Polpharma's US strategy from tactical sales to product ownership. Led multiple Polpharma's 1st product deals in US, Canada and Mexico.

Business Name			From - To (MM/YY – MM/YY)
Vidantus Alliance, Inc., USA (US subsidiary of Farmhispania Group, S.A.)			2008 - 2013
Business Address	**City**	**State**	**Zip**
Headquarters: Riva Antonio Caccia 1D	6900 Lugano, Switzerland		
Phone	**Title**		
Out of Country	Vice President, Commercial Operations		

Description of Duties
Strategic & delivery Head for development, management and achievement of sales budget for North American market for generic API's & out-licensing finished dose formulations. Responsible for product scouting, evaluation & selection and mapping market execution strategies. Lead negotiator for all pipeline product placements, new deals, contracts and other legal transactions. Lead negotiator for all pipeline product placements, new deals, contracts and other legal transactions.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials MB

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.

Manoj Babu Mazhuvancheril

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/31/21

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Mecklenburg

I, MANOJ BABU MAZHUVANCHERIL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

08/31/21

Date

Subscribed and Sworn to before me this 31 day of August 2021.

Notary Public Signature

Joy Oswalt
NOTARY PUBLIC
Gaston County, NC
My Commission Expires January 04, 2022

(Seal)

Applicant's initials MJS

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. 810009418

Application/License No. _____

Kartha Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1135 Four Lakes Drive, Suite F, Matthews, NC 28105-1727 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a 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 (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 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 July 29, 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 29th day of July, 2021.

APPLICANT/PRINCIPAL

Kartha Pharmaceuticals, Inc.

Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Karla Luongo

Witness Alexis Miranti

Countersigned by:

Nevada Resident Agent

intact INSURANCE

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: **Robyn Rost, Raymond C. Carman, Theresa A. Lanfranco, Dan E. Ries, Denese Thompson, Marlena Brower, Jessica J. Bentley, Laura L Brown**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 29th day of July, 2020

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara Barrow, Secretary

This Power of Attorney expires
January 31, 2025

Please direct bond verifications to surety@intactinsurance.com

[intact] specialty solutions
INSURANCE

Atlantic Specialty Insurance Company

Period Ended 12/31/2020

Dollars displayed in thousands

Admitted Assets	
Investments	
Bonds	$ 1,500,023
Preferred Stocks	-
Common Stocks	775,825
Mortgage Loans	-
Real Estate	-
Contract Loans	-
Derivatives	-
Cash, Cash Equivalents & Short Term Investments	147,406
Other Investments	23,375
Total Cash & Investments	2,446,629
Premiums and Considerations Due	276,120
Reinsurance Recoverable	59,375
Receivable from Parent, Subsidiary or Affiliates	29,538
All Other Admitted Assets	62,330
Total Admitted Assets	2,873,992

Liabilities and Surplus	
Liabilities	
Loss Reserves	$ 878,884
Loss Adjustment Expense Reserves	272,666
Total Loss & LAE Reserves	1,151,550
Unearned Premium Reserve	593,461
Total Reinsurance Liabilities	13,171
Commissions, Other Expenses, and Taxes due	54,563
Derivatives	-
Payable to Parent, Subs or Affiliates	-
All Other Liabilities	237,942
Total Liabilities	2,050,707
Capital and Surplus	
Common Capital Stock	9,001
Preferred Capital Stock	-
Surplus Notes	-
Unassigned Surplus	91,944
Other Including Gross Contributed	722,341
Capital & Surplus	823,286
Total Liabilities and C&S	2,873,992

State of Minnesota
County of Hennepin

I, Kara Barrow, 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 Company, on the 31st day of December, 2020, 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 2nd day of March, 2021.

Notary Public

KERRI RIECHERS
Notary Public
Minnesota
My Commission Expires January 31, 2025

4T

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Ossur Americas, Inc

Physical Address: 680 Grove Road

City: West Deptford State: NJ Zip: 08086

Mailing Address (if different from physical address): 27051 Town Centre Drive Suite 100

City: Foothill Ranch State: CA Zip: 92610

Telephone: 949-382-3919 Website: www.ossur.com

Name of Designated Representative (DR): Marcus Miraglia

Licensing Company Email: licensure@ossur.com DR Email: mmiraglia@ossur.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 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?		✓
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)?		✓

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A we dont supply pharmaceutical products

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: CA

Parent Company (if any): Ossur hf

Corporation Name: Ossur Americas, Inc

Mailing Address: 27051 Towne Centre Dr Suite 100

City: Foothill Ranch State: CA Zip: 92610

Telephone: 949-382-3919 Email: licensure@ossur.com

Contact Person Name: Tina Smith

Date of SEC Registration: 09/04/2009 | SEC Registration Number: ISIN IS0000000040 | Stock Exchange Symbol: OSSR

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: 92

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration ✓ 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. ✓		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.** ✓	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** ✓	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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**. ✓	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ ✓		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** N/A	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** ✓	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Ernestina Smith — 949-328-0859

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted) — Date: 8-23-21

Board Use Only	Date Received: _____	Amount: 500 cc

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 6/25/2021

Registration Number: 5003967 **Registered as:** Manufacturer and Wholesale

Name: OSSUR AMERICAS INC

DBA:

Address: 27051 TOWNE CENTRE DR, FOOTHILL RANCH, CA 92610

Original Issue Date: 09/14/2010 **Expiration Date:** 01/31/2022

Current Issue Date: 12/31/2020

Disciplines: No

Additional Registered Addresses:
680 GROVE RD, WEST DEPTFORD TWP, NJ 08086
2102 COL CANON DEL PADRE, TIJUANA BAJA CALIFORNIA MEXICO, MX 02102
910 BURSTEIN DR, ALBION, MI 49224

Secretary of State
Certificate of Status

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

Entity Name:	OSSUR AMERICAS, INC.
File Number:	C1649247
Registration Date:	09/22/1989
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of June 30, 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 July 1, 2021.

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

Certificate Verification Number: RELWW2Z

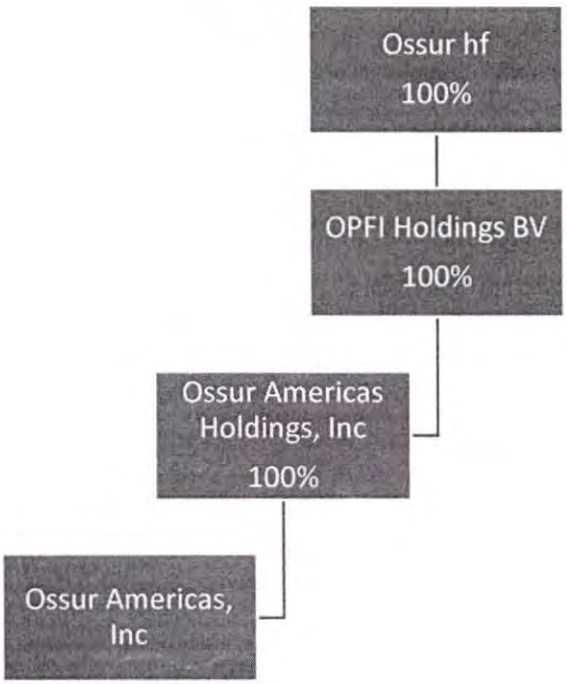
To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

Section 9

List of all Officers and Directors

- Jon Sigurdsson, President
- Alex Coffin, Secretary
- Christian Robinson, CFO
- Sveinn Solvason, Vice-President & Assistant Secretary
- Tim Hoffmann, Treasurer

Corporate Shareholders



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**.

Attached.

Copy of DEA certificate if handling controlled substances

Not applicable. We don't handle controlled substances

Copy of current SEC 10K or 8K

Össur's stock is internationally listed on the Nasdaq Copenhagen under ticker OSSR. Attached please find annual report

https://www.ossur.com/global/investor-relations

A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

Our employees/agents in the state of Nevada are as follows:

- Kevin Stier, Sr Government & Key Account Manager
- Carrie Zuill, Accounting Specialist

Ossur Americas, Inc.

Preferred Name	Worker Type	Time Type
Aaron Burl	Employee	Full time
Adam Schoettle	Employee	Full time
Antonio Lugo	Contingent Worker	Full time
April Rodenbaugh	Contingent Worker	Full time
Ca'lil Harrold	Contingent Worker	Full time
Carlos Martinez	Employee	Full time
Charlene Still	Employee	Full time
Christina Johnston	Employee	Full time
Christopher O'Malley	Employee	Full time
Coleen Hibbs	Employee	Full time
Danielle Parker	Employee	Full time
David Aukett	Employee	Full time
David Cupschalk	Employee	Full time
David Oteri	Contingent Worker	Full time
Dayma Santiago	Employee	Full time
Frank Cline	Employee	Full time
Frankie Thompson	Contingent Worker	Full time
Fredrick Davis	Contingent Worker	Full time
George Heebner	Employee	Full time
George Wieland	Contingent Worker	Full time
Gina M Roman	Employee	Full time
Greg Clayton Jr.	Employee	Full time
Heather Oxley	Employee	Full time
Itzel Medina	Employee	Full time
James Chapman	Employee	Full time
Jamie Torres	Contingent Worker	Full time
Janelle Goehle Weatherly	Employee	Full time
Jeffrey Parkin	Employee	Full time
Jelena Bogdanovic	Employee	Full time
Jermaine V Morris	Employee	Full time
Jim Regalbuto	Employee	Full time
Jordan Wilson	Contingent Worker	Full time
Keith Vessels Jr.	Employee	Full time
Kenia Rivas	Contingent Worker	Full time
Kevin Leary	Employee	Full time

Kevin Raisner	Employee	Full time
Lahmya Rand	Employee	Full time
Laura A. Din	Employee	Full time
Lisa Bello	Employee	Full time
Lorraine Cartier	Employee	Full time
Lucia Corporan	Employee	Full time
Luis Moreno	Employee	Full time
Lynda Dalrymple	Employee	Full time
Magdaline Rivera	Employee	Full time
Marcus Miraglia	Employee	Full time
Maria Gonzalez	Employee	Full time
Marie McKeon	Employee	Full time
Mary Reid	Employee	Full time
Melissa Brunner	Employee	Full time
Michelle Pinder-Grimes	Employee	Full time
Mike McCleaft	Employee	Full time
Nicolas Colondres	Employee	Full time
Noemi Escarffullett	Contingent Worker	Full time
Patricia Schoettle	Employee	Full time
Patricia Weber	Employee	Full time
Peggy Candelario	Employee	Full time
Rafael Torres	Employee	Full time
Ray Willetts	Employee	Full time
Raymond Arndt	Employee	Full time
Robert Favuzzi	Employee	Full time
Roland Wharton III	Employee	Full time
Rosalina Placido	Employee	Full time
Roxanne Toppi	Employee	Full time
Scott Flowers	Employee	Full time
Stephen P Williams	Employee	Full time
Steve Wolfe	Employee	Full time
Steven Semeriglia	Contingent Worker	Full time
Umbreen Ishaq	Employee	Full time
Vincent Hayes	Employee	Full time
Yini Maria Jimenez Alvarez	Employee	Full time
Zaire Harper	Employee	Full time

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
OSSUR AMERICAS
680 Grove Rd
West Deptford, NJ 08086
Registration Number: 2242474
FEI Number*: 2242474
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2021

Verified 9/9/21 MS

Owner/Operator:
OSSUR Americas[6]
27051 Towne Centre Drive
Foothill Ranch, CA US 92610
Owner/Operator Number: 9026971[7]

Official Correspondent:
Lorraine Cartier
680 Grove Road
West Deptford, NJ 08086
Phone: 1-856-3456080

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 07/26/2021

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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Maria Herrera

From: Licensure <licensure@ossur.com>
Sent: Friday, September 10, 2021 7:00 AM
To: Maria Herrera; Licensure
Subject: RE: Nevada Wholesaler Application-Ossur Americas, Inc.

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Maria,
Marcus estimates 60 per week.

Tina Smith

ÖSSUR
LIFE WITHOUT LIMITATIONS

Tina Mejia-Smith
Director, Compliance
27051 Towne Centre Drive
Foothill Ranch, CA 92610

Tel: (949) 382-3919
E-mail: tmejia@ossur.com
www.ossur.com
Email-disclaimer

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, September 9, 2021 1:07 PM
To: Licensure <licensure@ossur.com>
Subject: RE: Nevada Wholesaler Application-Ossur Americas, Inc.

Hi Tina,

Can you provide an estimate on how many hours he works a week, thanks.

From: Licensure <licensure@ossur.com>
Sent: Thursday, September 9, 2021 12:08 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>; Licensure <licensure@ossur.com>
Subject: RE: Nevada Wholesaler Application-Ossur Americas, Inc.

Hi Maria,
He works a lot more than 40 hours a week.

Tina

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Ossur Americas, Inc.

Physical Address: 680 Grove Road

City: West Deptford State: NJ Zip: 08086

Mailing Address (if different from physical address): 27051 Towne Centre Drive

City: Foothill Ranch State: CA Zip: 92610

Telephone: 949-382-3883 Website: www.ossur.com

Licensing Company Email: licensure@ossur.com

Section 2: Personal Information

First: Marcus Middle: J Last: Miraglia

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Towne Centre Drive

City: Foothill Ranch State: CA Zip: 92610

Telephone: [redacted] Email: mmiraglia@ossur.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: n/a to:

Military Occupation/Specialty: n/a

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: mm

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Stockton University		1994-1996	
Address	**City**	**State**	**Zip**
101 Vera King Farris Dr	Galloway	NJ	08205
Diploma/Degree obtained, if any			
BA-Mathematics			

School Name		From - To (MM/YY – MM/YY)	
Rancocas Valley High School		1987 - 1991	
Address	**City**	**State**	**Zip**
520 Hedding Jacksonville Road	Mt. Holly	NJ	08060
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
n/a			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/10 - 08/21	[redacted] Montclair Drive	Delran	NJ	08075
From - To (MM/YY – MM/YY)	n/a	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials mm _____ 3

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Ossur Americas, Inc.			04/2019-Present	
Business Address		**City**	**State**	**Zip**
680 Grove Road		West Deptford	NJ	08086
Phone	**Title**		**Number of Employed Hours**	
949-382-3883	Sr. Distribution Manager		Over 6000	
Description of Duties				
Oversee all warehouse operations.				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
n/a				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
n/a				
Business Address		**City**	**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)	
n/a				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
n/a				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
n/a				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
n/a				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
n/a				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
n/a				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
n/a				
Reason/Charge				
n/a				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
n/a				
Name of Business/Industry/Entity				
n/a				

Provide explanation below:

n/a

Original Signature (electronic, copies or stamps not accepted)

8/9/21
Date

Applicant's initials mm

I, Marcus Miraglia, **certify that as the designated representative for**

Ossur Americas, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Marcus Miraglia

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/9/21

Date

Applicant's initials mm

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.

Marcus Miraglia

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/9/21

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Gloucester

I, Marcus Miraglia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/9/21

Date

Subscribed and Sworn to before me this 9 day of Aug 2021.

Notary Public Signature

(Seal)

SAMUEL SWANSON JR.
NOTARY PUBLIC OF NEW JERSEY
COMMISSION # 50117958
MY COMMISSION EXPIRES 12/3/2024

Applicant's initials mm

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. 2316501

Application/License No. _____

Ossur Americas, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 680 Grove Road West Deptford NJ 08086 (Address of Applicant/Principal), as PRINCIPAL, and North American Specialty Insurance company (Surety Company), a corporation organized under the laws of the state of NH (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1200 Main Street, Suite 800 Kansas City, MO 64105 (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 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 13, 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 13th day of August, 2021.

APPLICANT/PRINCIPAL

Ossur Americas, Inc.

By: _____
Authorized Representative

SURETY COMPANY

North American Specialty Insurance Company

By: Margaret Holland R Bickel
Surety Company's Representative

NORTH AMERICAN SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1973 NEW HAMPSHIRE

Margaret Holland R. Bickel, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness Tim Knust - Graichen

_____
Witness Bobby Beyer

SIGNED and SEALED in the presence of:

Michelle Deligne
Witness Michelle Deligne

Suzanne Yeatman
Witness Suzanne Yeatman

Countersigned by:

_____
Nevada Resident Agent

SWISS RE CORPORATE SOLUTIONS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Kansas City, Missouri, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute and appoint: Margaret Holland R. Bickel

Principal:	Ossur Americas, Inc.	Bond Number:	2316501
Obligee:	Nevada State Board of Pharmacy	Bond Amount	See Bond Form
Bond Description:	NV Pharmaceutical Wholesaler Bond		

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of: FIFTY MILLION ($50,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9th of May, 2012:

"RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

By _____
Steven P. Anderson, Senior Vice President of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company

By _____
Michael A. Ito, Senior Vice President of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 1st day of February, 2019.

North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Cook ss:

On this 1st day of February, 2019, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Michael A. Ito, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

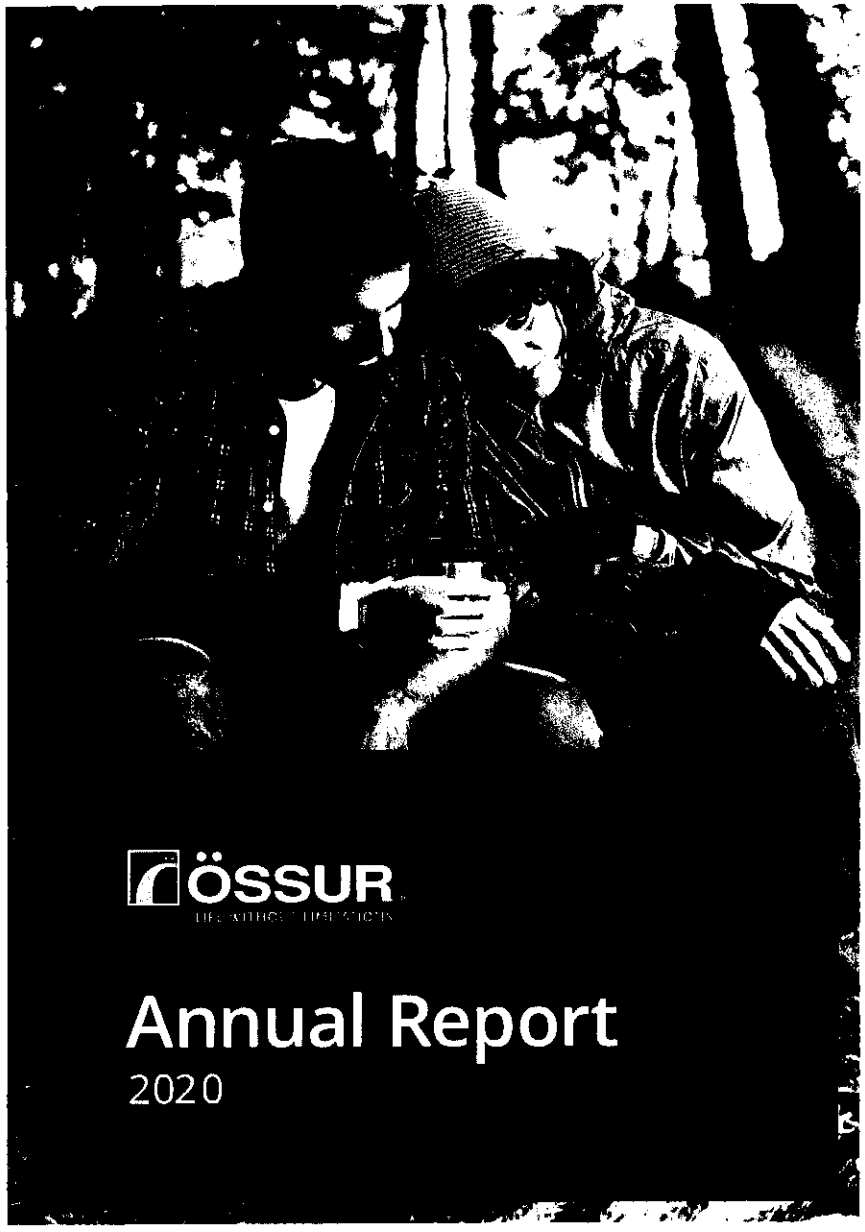
OFFICIAL SEAL
M. KENNY
Notary Public - State of Illinois
My Commission Expires
12/04/2021

M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 13th day of August, 2021.

Jeffrey Goldberg, Vice President & Assistant Secretary of Washington International Insurance Company & North American Specialty Insurance Company


ÖSSUR
Annual Report
2020

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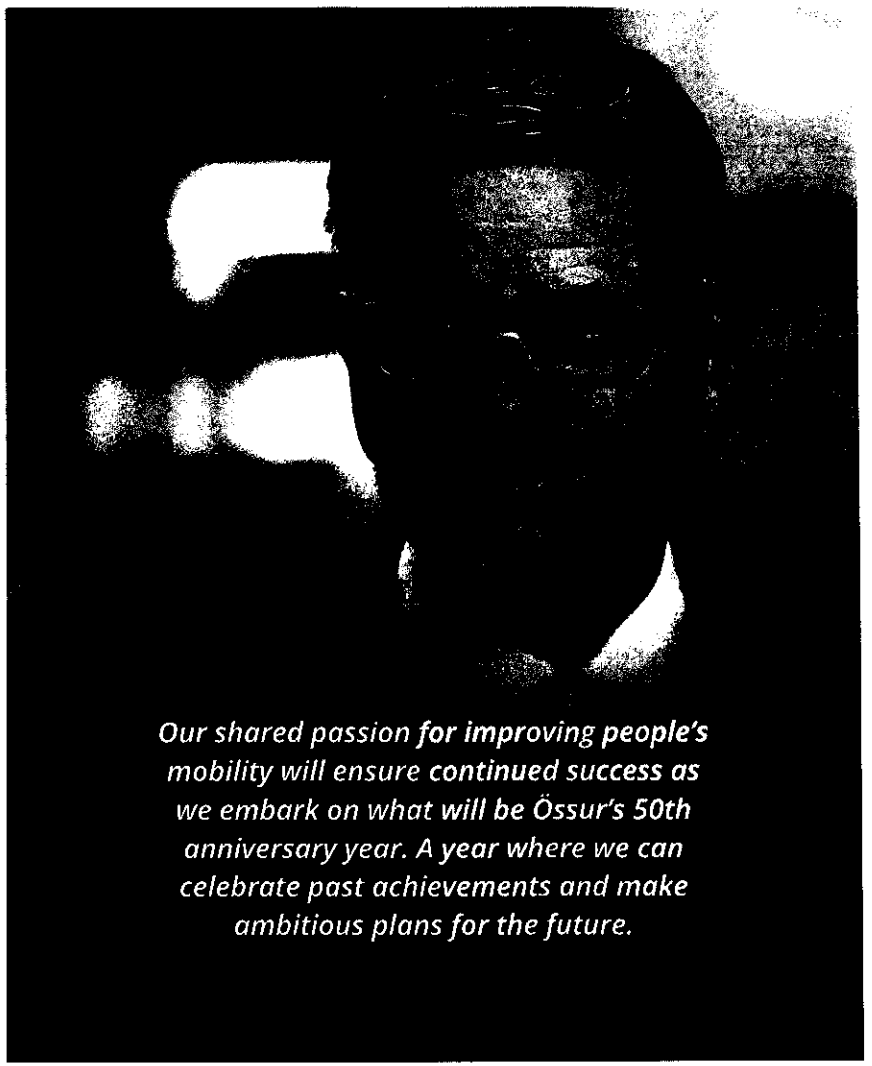
ÖSSUR

2020 in brief



FINANCIAL HIGHLIGHTS

10%
Organic decline

15%
EBITDA margin

19%
Cash generated by operations

4.1x
NIBD/EBITDA

SUSTAINABILITY AND CSR HIGHLIGHTS

65%
Waste recycled

54% 46%
Gender ratio

Male Female

36%
Female Management

Female in management positions

0.7
Incident Rate

Incident rate per 100 FTE

4.4 of 5
Global Employee Satisfaction

Americas	EMEA	APAC
49%	**42%**	**9%**
as % of sales	as % of sales	as % of sales
USD 307 million	USD 267 million	USD 55 million
Organic growth: -14%	Organic growth: -9%	Organic growth: +2%
FTEs: ~1,300	FTEs: ~1,500	FTEs: ~200

HQ FTEs: ~500

Sales by segments

REVENUE SPLIT BY SEGMENTS

Sales by segments

- **Prosthetics** 59%

Bracing & supports 41%

Business segments

Prosthetics sales in 2020 amounted to USD 372 million and declined by 7% organic. Sales of bionic products accounted for 20% of prosthetics component sales in 2020. Bracing and supports (B&S) sales in 2020 amounted to USD 257 million and declined by 15% organic.

In Americas and key European markets, sales have gradually recovered from a low point in April. Average sales during the year compared to the same period last year were as follows. January and February 2020 were around 100% of last year's sales, March 80-90%, April 60-70%, May 70-80%, June 80-90%, and through the remainder of the year between 90-100%.

The COVID-19 pandemic has impacted prosthetics and B&S differently. Throughout the COVID-19 pandemic prosthetics sales have been more resilient than B&S. The demand for prosthetic solutions is, for the markets that Össur generates the majority of sales, mostly driven by servicing the existing amputee population with maintenance, renewals, and upgrades of their prosthesis. Sale of mechanical prosthetic products is stable in 2020 compared to 2019, while bionics, which require more time for fitting and training have declined in sales more than the average for prosthetics. It is expected that there will be some pent-up demand in prosthetics for both mechanical and bionic products. The demand for B&S products is largely driven by injuries, surgeries, and prevalence of osteoarthritis (OA). The COVID-19 pandemic and the associated lockdowns have had a significant impact on amateur sports and activity levels that have resulted in fewer injuries. Recent data from hospital systems in Europe show double-digit declines for various types of injuries to joints and ligaments. It is not expected that there will be pent-up demand for injury solutions. COVID-19 has impacted volumes of elective surgeries such as knee replacement surgeries, that drive demand for post-operative bracing solutions. OA bracing sales have also been impacted, primarily due to limitations to physician access. Some pent-up demand is expected for post-op and OA bracing.

Year in review

A historic year on many fronts, Össur had many memorable moments in 2020. At the forefront was the close partnership and commitment we enjoy with our customers and end-users around the world.

Team Össur member Stefanie Reid speaks at TEDx London Women – **Why accessible design is for everyone**'

RHEO KNEE XC wins the 2019 GOOD DESIGN Award

Össur Ambassador Hunter Woodhall on The Ellen Show

IPC President Andrew Parsons visits Össur Head Office

Össur Ambassador Bilmar Siker Oskarsson wins alpine skiing European Cup

Össur Ambassador Hunter Woodhall interviewed by ESPN

Human on Swiss TV

Össur Ambassador Nony Garcia Tobon featured in NY Times article

ST Magazine interview with Össur CEO, Jon Sigurdsson

Össur in How Stuff Works – How Prosthetic Limbs Work

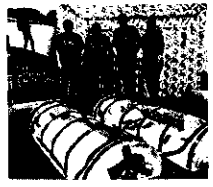
Unloader One X Fit in Physical Therapy Products magazine and Rehab Management

Össur article in Jyllands Posten

Team Össur athletes featured in Nike's 2020 team uniform unveiling

New Rebound - ACL, Balance™ Foot 5 / Balance™ Foot 5 Torsion and Unloader One X Custom fully launched

Interview with Hugh Gill in O&P Almanac's feature on upper limb prosthetics



April

Össur donates work and components to the Icelandic health authorities by custom manufacturing few Mobile Patient Isolation Units which are used to transport infected patients during Covid-19

Össur Mexico recognized as "one of the best places to work for" during Covid-19

Össur acquires Scanning and Design Technology from Standard Cyborg

Össur Ambassador Mike Coots featured as Ralph Lauren's first amputee model in their "The Beach House" collection

Össur and Nike sign new agreement regarding the co-development of the next generation of Nike Solos for the new sports feet, Cheetah Xceed™, Cheetah Xcel™ & Cheetah Xpanse™

Össur acquisition of College Park Industries completed

Team Össur members featured in Rising Phoenix, a ground-breaking movie about the Paralympic Movement, premiered in over 190 countries worldwide on Netflix

Össur Ambassador Andrea Lanfre and his friend Massimo Cuda on the summit of Mont Blanc

American actor David Duchovny lends his pool to Paralympic swimmer and Össur Ambassador Rudy Garcia-Tolson to train during COVID-19 shutdown.

Össur named one of the top 10 orthopedic device firms by ODT Magazine

Össur recognized as one of the financially strongest companies in Iceland, for the eleventh consecutive year in a row

KUSI's Good Morning San Diego Challenged Athlete Foundation (CAF) surprises five amputees in five days with life-changing Össur running prosthetics

Össur Ambassador Andrea Lanfri from Italy reached the top of the volcano Etna

Össur Cheetah blades featured in Triathlete article

Össur featured in Dutch How it's Done TV Program

Össur named a Top Workplace of 2020 by The Orange County Register

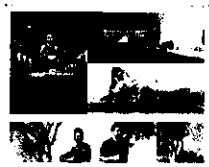
Össur completed the divestment of entities focused on B&S sales in the US

Team Össur member Fenuta Ayanbeku II in Runner's World

Össur CEO Jon Sigurdsson interviews in Newsweek, in a special country report on Iceland

Team Össur member Daniel Wagner II, in The Danish National Broadcaster article

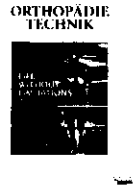
Össur's Dr. Anton Johannesson honored by AOPA with Truanhardt Award



Össur's new e-commerce store for bracing launched in the US

Össur announces establishment of Össur Japan

Össur completes divestment of Gibaud SAS in France



Össur Ambassador Sandro Borges featured on the cover of the November edition of OT magazine

Team Össur member Markus Rehm who has been named Germany's Paraathlete of the decade

Letter from the CEO

The year 2020 will be remembered as no other. A year when words such as unprecedented, self-isolation and social distancing were spoken daily, and the world was impacted in ways that were unimaginable only a year ago.

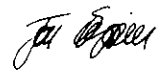
Our focus throughout the year has been to ensure business continuity and the safety of our employees and customers. Our manufacturing and distribution employees, as well as the front-line employees in our clinics, have done an incredible job of keeping up service levels on site while office-based employees picked up and moved their desks to makeshift home offices. We were all required to think and act in new ways with our IT infrastructure proving solid, and digital solutions used to their utmost for service, collaboration, and training purposes.

While sales were negatively impacted as social distancing and lockdown measures were implemented in all our major markets, we saw a gradual recovery towards the latter part of the year. Our cost reduction initiatives enabled us to maintain a strong operating profit considering the impact on sales, which underlines that profitability will return to normalized levels as sales continue to recover. We remain confident that there will be no long-term change in the demand for our products and services.

We were able to overcome numerous challenges during the year and are proud of the new products we brought to market which include the Balance™ Foot S and Connect™ TF Socket, both ideal for the low active population as well as the CTi™ Mission ligament knee brace. Product development continues strong and we are excited about our healthy product pipeline. We were also pleased to close the acquisition of College Park Industries as well as the divestment of both Gibaud and entities focused on B&S sales in the US.

Our employees are our most valuable asset, and we were proud to yet again be voted one of Orange County's Best Workplaces and our annual Workplace Survey confirmed a high employee satisfaction score once again. Certainly not something we take for granted, particularly during such challenging circumstances. We know the added personal and professional pressures have taken their toll this year and couldn't be prouder of the strength and resilience our team has shown.

My sincere thanks to our employees, customers, end-users, and shareholders for their partnership and support during this unprecedented year. Our shared passion for improving people's mobility will ensure continued success as we embark on what will be Össur's 50th anniversary year. A year where we can celebrate past achievements and make ambitious plans for the future. I'm proud to say that our 50th anniversary year will also be marked by our commitment to sustainable development. Össur will be carbon neutral in 2021. Not a small endeavour and one of hopefully many more milestones that we can celebrate during the year. It's time for a new chapter and the future is bright.



Jon Sigurdsson
President and CEO

USER STORIES

Sandro Borges

Football (soccer) is the most popular sport in Portugal and the most practiced. With the national team often amongst the higher-rated teams in both Europe and the world, Portuguese children dream of joining the ranks of professional football. With equal parts hard work and natural talent, Sandro Borges would have an opportunity to live his dream and play professionally for his beloved Portugal. Unfortunately a car accident at age 21 cut this dream short.

His injuries were serious and potentially life threatening. His left leg, damaged beyond repair, required immediate amputation.

"The first reaction was a state of shock...the consequences of what had just happened, knowing that I would never more able to run, walk, go out at night with my friends or pick up my son from school, had a significant impact and shook my confidence in myself."

Despite his shock and sadness, Sandro promised himself that no matter how difficult, he would recover. He received his first prosthetic shortly after his surgery and began an aggressive rehabilitation effort.

"Above all, I wanted to get my life back and make up for lost time. So, I went back to the gym as often as possible and I concentrated all my efforts on recovery. I wanted to do better every time."

Today, Sandro is a boxing trainer who uses Pro-Flex XC Torsion because, as he says, "it helps me move the way I want to move." He continues to push himself in the ring and is an outspoken proponent of physical fitness, sport activities and a life without limitations.

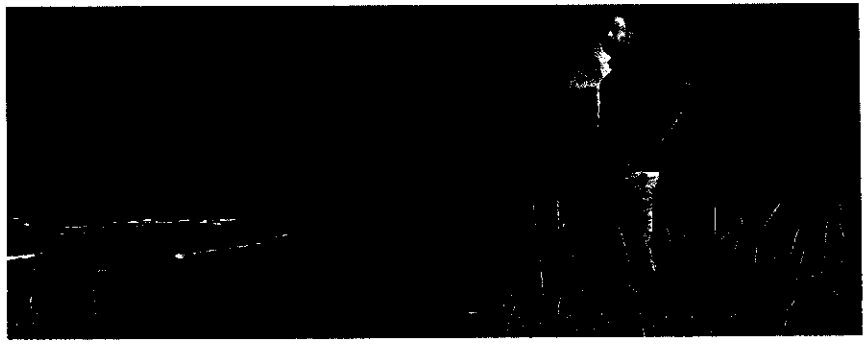
"I lead a perfectly normal life, both personally and professionally. Life has given me the opportunity to try boxing after being a professional football player and I grabbed it, without doubts or hesitations."

Össur at a glance

We improve people's mobility

Össur is a global leader in non-invasive orthopaedics, innovating, producing, and providing advanced technological solutions within the prosthetics and bracing & supports market. Our mission is to improve the mobility of our users, so they can live their Life Without Limitations®.

Össur was founded in 1971 and has since grown through a healthy combination of organic development and acquisitions in both prosthetics and bracing & supports. Today, Össur has a strong global position in the industry and key markets and in a good position to leverage future growth opportunities. Össur has been listed since 1999, has operations in over 27 countries and more than 3,500 FTEs.



Our users are at the core of everything we do

Individuals can be living with limb loss or limb difference for a variety of reasons. Vascular disease, diabetes, trauma, and congenital defects are some of the more common reasons. There are also individuals who develop knee pain, are diagnosed with osteoarthritis in their joints, incur fractures to their ligaments or injure themselves resulting in movement impairment. For years Össur has helped these individuals focus on new goals rather than limitations by offering comprehensive solutions that are designed with the needs of the user top of mind.

World class innovation capabilities

Össur is a pioneer of advanced technology where our brand recognition is based on innovative and scientifically proven solutions that deliver effective clinical outcomes. By listening to and understanding people's needs and pushing the boundaries of technology, we continue to create some of the best products and services available in the fields of prosthetics and bracing & supports. Every year Össur invests the equivalent of 5% of sales in R&D efforts to work on new innovative products for the benefit of our users. In 2020 we introduced more than 20 new products to the market.

Our segments

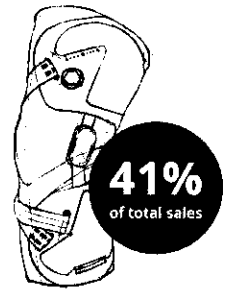
Ossur operates within two market segments of the orthopaedic market: bracing & supports and prosthetics. Prosthetic products include artificial limbs and related products for amputees. Bracing & supports products are primarily used to support joints and other body parts, both for preventive and therapeutic purposes.

OUR SEGMENTS

Prosthetics

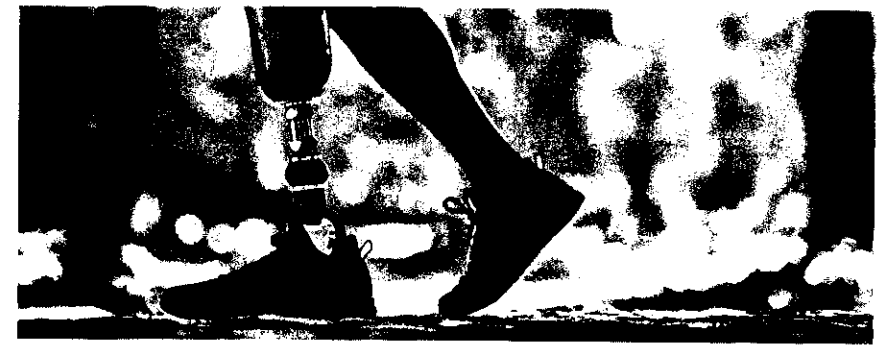
Sub-segment	User Profile	Improving mobility
Mechanical Products	People living with lower extremity amputation	Broad product offering for lower extremity prosthesis
Bionic Products	People living with lower and upper extremity amputation	Advanced microprocessor controlled feet, knees, hands and fingers

Bracing & Supports



Sub-segment	User Profile	Improving mobility
Injury Solutions	People recovering from fractures, ligament injuries or need a post operative treatment	Products stabilizing joints and improving healing
OA Solutions	People living with Osteoarthritis (OA)	Non surgical treatment by unloading affected joint with braces

Our products



Prosthetic solutions

Össur's prosthetics portfolio includes a full spectrum of premium lower and upper limb prosthetic components. The portfolio ranges from solutions to support low active individuals who may struggle to maintain the ideal balance of safety, comfort, and mobility all the way to solutions designed to enable especially active people to engage in high-impact endeavors.

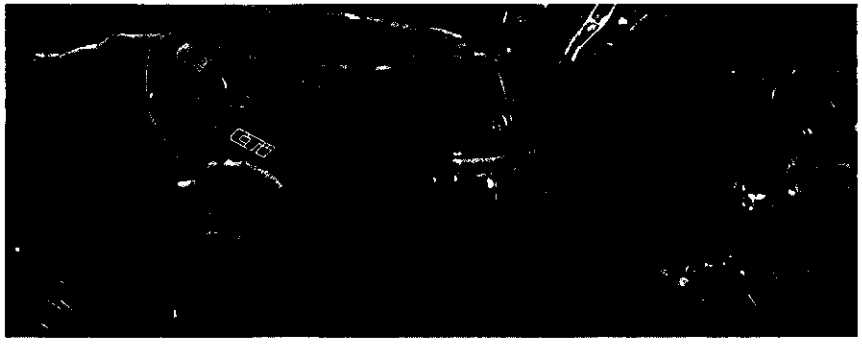
Bracing & supports

OA solutions

Ossur's osteoarthritis (OA) solutions are designed to enhance quality of life, reduce pain, and improve mobility for people living with osteoarthritis. Ossur offers the Unloader One® range of knee braces that relieve pain from knee osteoarthritis, as well as the Unloader® Hip which is designed to reduce pain by optimizing load dispersion for patients suffering from mild and moderate osteoarthritis of the hip.

Injury Solutions

Ossur's injury solutions are designed for people recovering from fractures, ligament injuries or for those in need of post-operative treatment solutions. These solutions are designed to support the healing process of bone and soft tissue injuries. Several of these products come with the Functional Healing seal that signifies a clinically validated healing solution that helps enhance the body's natural healing process while maximizing mobility.



Who are the users that benefit from our solutions?

Prosthetic Solutions

- High and low active lower-limb amputees
- Upper-limb amputees
- Children living with limb loss
- Athletes living with limb loss

Bracing & Supports

- People that require post-operative treatment
- People in rehabilitation for PCL ruptures
- People requiring protection and joint stabilization
- People with foot and ankle injuries that require immobilization
- People with mild to severe osteoarthritis
- People seeking treatment for venous ulcers and swelling

Five-year overview

FIVE-YEAR OVERVIEW

USD m	2020	2019	2018	2017	2016
Net sales	630	686	614	569	534
Gross profit	391	439	387	366	328
Operating expenses (excl. other income)	338	341	304	288	256
EBITDA	93	141	107	97	94
EBITDA before special items	93	150	115	103	98
EBIT	28	98	79	75	72
Net profit / (loss)	8	69	80	58	53
Sales growth					
Sales growth USD %	(8)	12	8	6	9
- Organic growth %	(10)	5	5	5	4
- Currency effect %	0	4	1	0	(1)
- Acquired/divested business %	2	11	2	4	5
Balance Sheet					
Total assets	1,214	1,091	914	793	766
Equity	577	594	535	502	467
Net interest-bearing debt (NIBD)	381	302	180	121	119
Cash Flow					
Cash generated by operations	119	120	92	90	88
Free cash flow	68	63	39	55	42
Key ratios					
Gross profit margin %	62	64	63	64	61
EBIT margin %	4	14	13	13	14
EBITDA margin %	15	21	18	17	18
EBITDA margin before special items %	15	22	19	18	19
Equity ratio %	48	54	59	63	61
NIBD to EBITDA	4.1	2.0	1.6	1.2	1.2
Effective tax rate %	38	24	16	16	25
Return on equity %	1	12	15	12	11
CAPEX to net sales %	3.8	4.6	5.0	3.4	4.7
Full time employees on average	3,505	3,382	2,775	2,948	2,710
Market					
Market value of equity	3,380	3,340	2,055	1,871	1,582
Number of shares in Millions	423	425	431	432	443
Diluted EPS in US cents	1.9	16.2	18.7	13.3	11.6

Performance in 2020

Financial performance in FY 2020 impacted by the COVID-19 pandemic and M&A activity

- Sales declined by 8% in local currency in 2020 and by 10% organic. Sales were impacted by measures to control the COVID-19 pandemic but gradually recovered during the year
- The prosthetics segment declined by 7% organic in 2020 and the B&S segment declined by 15%
- Gross profit margin for 2020 was 62% compared to 64% for 2019
- EBITDA margin for 2020 was 15% compared to an EBITDA margin before special items of 22% for 2019. In addition to the impact of COVID-19, EBITDA was impacted by extraordinary items related to acquisitions, divestments, litigation, severance and government grants
- In 2017, Ossur announced efficiency initiatives in the areas of Manufacturing, Distribution and Sourcing. The savings target of USD 30 million in 2020 was reached, corresponding to USD 4 million in additional savings when compared to the previous year.
- Net profit for 2020 amounted to USD 8 million and 1% of sales as it was impacted by extraordinary items related to divestments, acquisitions, litigation, severance, and government grants in addition to COVID-19
- Cash flow was strong in 2020, mainly due to inventory management efforts and lower capital expenditure. Cash generated by operations amounted to USD 118 million or 19% of sales in 2020 compared to USD 120 million or 17% of sales in 2019
- Ossur's liquidity position remains strong. Bank balances and cash equivalents in addition to undrawn facilities at the end of 2020 amounted to USD 275 million. NIBD/EBITDA was 4.1x at end of 2020 primarily due to temporarily lower EBITDA in 2020. The current NIBD/EBITDA is above the target ratio of 1.5x-2.5x
- Ossur purchased 1,249,450 of own shares during the year for USD 9 million. It should be noted that the share buyback program was temporarily put on-hold on 17 March 2020 due to the impact of COVID-19, as the net interest-bearing debt to EBITDA ratio is temporarily above the level in the Capital Structure and Dividend policy.
- In 2020, Ossur paid out cash dividends in the amount of USD 9 million, corresponding to DKK 0.15 per share or 113% of net profit in 2019.
- Ossur completed several acquisitions in 2020, including the prosthetics manufacturer College Park Industries, with combined annual sales of USD 59 million and an acquisition in the first week of January 2021.
- Ossur completed the divestment of Cabourg in France and entities focused on B&S sales in the US in 2020. The sold entities generated a total of USD 21 million of sales.
- The financial guidance for the full year 2021 is 10-15% organic sales growth, 21-23% EBITDA margin before special items, 3-4% CAPEX of sales, and an effective tax rate of 23-24%

KEY FINANCIALS AND GUIDANCE

USD million	2020	2019	Guidance 2021
Net sales	630	686	
Sales growth, organic	(10%)	5%	10-15%
Gross profit margin	62%	64%	
EBITDA	93	141	
EBITDA margin	15%	21%	
EBITDA before special items	93	150	
EBITDA margin before special items	15%	22%	21-23%
CAPEX as % of sales	4%	5%	3-4%
Effective tax rate	38%	24%	23-24%

Sales performance

Sales in 2020 amounted to USD 630 million compared to USD 686 million in 2019, corresponding to 10% decline organic, 8% decline including acquisitions/divestments (local currency growth) and 8% decline reported (USD growth)

Currency movements in 2020 impacted sales growth negatively by USD 1 million, with a neutral effect on the reported growth rate.

Ossur completed acquisitions and divestments in 2020. Further information can be found in the section "Acquisitions and divestments"

SALES BY REGIONS

USD million	FY 2020	Organic growth*	Acq. / div.	Curr. effect	USD growth*
Americas	307	(14%)	+8%	0%	(6%)
EMEA	267	(9%)	-4%	0%	(12%)
APAC	55	2%	-	-1%	1%
Total	**630**	**(10%)**	**+2%**	**0%**	**(8%)**

* growth rate (%)

SALES BY SEGMENTS

USD million	FY 2020	Organic growth*	Acq. / div.	Curr. effect	USD growth*
Prosthetics	372	(7%)	+6%	0%	(1%)
Bracing and supports	257	(15%)	-2%	0%	(16%)
Total	**630**	**(10%)**	**+2%**	**0%**	**(8%)**

* growth rate (%)

Operations

Gross profit for 2020 amounted to USD 391 million or 62% of sales compared to USD 439 million or 64% of sales for 2019. During a large part of 2020, manufacturing capacity was reduced due to lower sales in relation to COVID-19, which resulted in a lower gross profit margin. Utilization of manufacturing capacity has been increasing in line with sales recovery.

Operating expenses amounted to USD 363 million or 58% of sales for 2020 compared to USD 341 million or 50% of sales for 2019. Excluding extraordinary items related to acquisitions, divestments, litigation, severance, and government grants, OPEX would have amounted to net USD 334 mill on or 53% of sales and declined by 2% compared to OPEX excluding special items in 2019. Lower variable cost s as a result of less traveling, lower marketing and selling costs, the efficiency in tiatives which were announced in 2017 and cost-saving efforts implemented in September 2020

- Sales & marketing (S&M) expenses declined by 2% and amounted to 36% of sales compared to 34% of sales in 2019.
- Research & development (R&D) expenses declined by 1% and amounted to 5% of sales, the same as in 2019.
- General & administrative (G&A) expenses increased by 2% and amounted to 12% of sales compared to 11% of sales in 2019. Excluding extraordinary items, G&A expenses would have declined

Management remains focused on m anaging cost s in line with sales recovery with the ultimate objective to maintain and increase profitability as sales normal ze.

Efficiency initiatives

In September 2017, Ossur announced efficiency initiatives in the areas of distribution, manufacturing, and sourcing, to further increase scalability and profitability. The savings target of USD 10 million in 2020 was reached, corresponding to USD 4 m illion in additional sav ngs which compared to the previous year.

Operating profit

EBITDA in 2020 amounted to USD 93 million or 15% of sales compared to EBITDA before special items of USD 150 million or 22% of sales in 2019. Currency impact on EBITDA margin net of hedge was posit ve by about 60 basis point s for 2020. It should be noted that the EBITDA in 2020 was impacted by extraordinary items in the amount of net USD 11 million.

Financial items, income tax and net profit

Net financial expenses for 2020 amounted to USD 16 million, compared to USD 7 million in 2019.

Income tax amounted to USD 5 million in 2020, corresponding to a 38% effective tax rate. The tax rate is impacted by non-deductible expenses for tax in relation to the divestments. Excluding the impact from these items, the effective tax rate would have amounted to 25% in 2020, compared to 24% in 2019. It should however be noted that the tax rate is further impacted due to the impact that COVID-19 is having on Ossur's operating results. All else equal, as sales and profit return to normalized levels, the effective tax rate is expected to return to levels comparable with 2019

Net profit in 2020 amounted to USD 8 million compared to USD 69 million profit in 2019. Diluted earnings per share in 2020 amounted to 1.9 US cents compared to 16.2 US cents in 2019. Net profit was impacted by extraordinary items related to divestments, acquisition s, litigation, severance, and government grants, in addition to COVID-19.

Cash flow

Cash flow was strong in 2020 with a primary focus on inventory management and lower capital expenditures. Cash generated by operations amounted to USD 119 million or 19% of sales for 2020 compared to USD 120 million or 17% of sales for 2019.

Cap tal expenditures for 2020 amounted to USD 24 million or 4% of sales, compared to USD 32 million or 5% of sales for 2019.

Bank balances and cash equivalents amounted to USD 102 million at the end of 2020 and USD 173 million of existing facilities are undrawn. Bank balances and cash equivalents in addition to undrawn credit facilities at the end of 2020, therefore, amounted to USD 275 million.

Capital structure

Net-interest bearing debt

Net interest-bearing debt, including lease liabilities, at year-end 2020 amounted to USD 381 million compared to USD 302 million at year-end 2019. Net interest-bearing debt to EBITDA corresponded to 4.1x at year-end 2020. Due to the impact of COVID-19, the net interest-bearing debt to EBITDA ratio is temporarily above the level in the Capital Structure and Dividend policy (1.5x-2.5x NIBD/EBITDA).

Share buybacks and dividends

During 2020, Ossur purchased 1,295,450 of own shares under share buyback programs. The total purchase price was USD 9 million. The purpose of the share buyback programs is to adjust the capital structure in line with a desired capital level of 1.5-2.5x net interest-bearing debt to EBITDA outlined in Ossur's Capital Structure and Dividend Policy. It should be noted that the share buyback program was temporarily put on 17 March 2020 due to the impact of COVID-19, as the net interest-bearing debt to EBITDA ratio is temporarily above the level in the Capital Structure and Dividend policy. At year-end 2020, treasury shares totaled 902,277.

In 2020, Ossur paid out cash dividends in the amount of USD 9 million, corresponding to DKK 0.15 per share or 13% of net profit in 2019.

Acquisitions and divestments

Divestment of Gibaud in France

Following the approval from employee representative bodies of Gibaud and Ionothera, Ossur completed the divestment of Gibaud SAS (Gibaud) in France to Ionothera on 30 September. Ossur's bracing & supports business in France has mainly been operating under the brand name of Gibaud, a local leader in the design, production, and distribution of bracing, soft goods, and compression therapy products, with primary focus on the pharmacy channel in France. Gibaud's

sales amounted to USD 51 million in 2019. Gibaud employs around 360 FTEs and operates two production facilities in France. Ossur remains committed to servicing its Orthotic & Prosthetics (O&P) customers in France from Ossur's offices in Lyon. As a result of the divestment, Ossur's sales in France will primarily go through the O&P channel which is Ossur's primary sales channel in Europe. Gibaud and Ossur will continue to be business partners for a selected B&S product range.

Divestment of B&S sales entities

In 2008 and 2010 Ossur acquired companies focused on sales of B&S products primarily in California and Texas. The rationale for the investment was to strengthen market access in these important markets for B&S in the US. As a result of product rationalization in recent years and changes in reimbursement, the focus of these sales entities has gradually shifted away from selling products manufactured by Ossur. In addition, Ossur has in recent years increased focus on the O&P channel. Ossur therefore decided to divest the entities which was completed on 29 December. The sold entities generated USD 20 million of sales in 2020 and in recent years EBIT has been negative. The divested companies and Ossur will continue to be business partners for a selected B&S product range.

Acquisitions

Ossur made good progress with the external growth strategy through several acquisitions during the year. The combined full year sales amount to around USD 59 million (including an acquisition in January 2021). These acquisitions are in line with Ossur's strategy to invest in companies that strengthen Ossur's position in regional markets.

Impact of acquisitions and divestments

In 2019 and 2020, Ossur has made several acquisitions and divestments. Over these two years, acquired sales on a full-year basis amount to USD 80 million while divested sales amount to USD 71 million.

Using 2019 as a reference year, as it is not impacted by COVID-19, and normalizing 2019 for pro-forma figures of acquired and divested companies, Ossur's sales in 2019 (reported figures in brackets) would have amounted to USD 696 million (USD 686 million) and organic growth would have been 6% (7%). Gross profit margin would have been 64% (64%). EBITDA margin before special items would have been 23% (22%). B&S sales would have amounted to 38% (45%) of total sales.

Ossur's sales in 2020 (reported figures in brackets) would have amounted to USD 628 million (USD 630 million) and organic decline would have been 10% (10%). Gross profit margin would have been 62% (62%). EBITDA margin before special items would have been 16% (15%). B&S sales would have amounted to 36% (41%) of total sales.

Outlook for 2021

FINANCIAL GUIDANCE FOR 2021

	Guidance FY 2021	Actual FY 2020
Sales growth/(decline), organic	10-15%	(10%)
EBITDA margin before special items	21-23%	15%
CAPEX as % of sales	3-4%	4%
Effective tax rate	23-24%	38%

The financial guidance assumes continued impact from COVID-19 in 1H 2021, mainly in Q1 and gradually subsiding in Q2, while Q3 and Q4 are expected to be largely unaffected with some realized pent-up demand. No major fluctuation of main operating currencies is assumed. It is emphasized that the outlook for 2021 is more uncertain than usual as changes in measures to control the COVID-19 pandemic in Ossur's main markets can have significant implications for financial performance in 2021. It should be noted that quarter one is, and has been historically, seasonally the weakest quarter of the year in terms of sales and profitability.

Acquisitions and divestments in 2019 and 2020 have impacted Ossur's business mix. Further information on the impact can be found in the section "Acquisitions and divestments".

Given the current situation in Ossur's key markets, the organic sales growth outlook for 2021 is expected to be in the range of 10-15%. Higher end of the guidance assumes continued recovery in sales during the first half of 2021 and a strong recovery in the second half with some realized pent-up demand while the lower end assumes slower recovery in 1H and slower realization of pent-up demand.

EBITDA margin before special items is expected to be in the range of 21-23%. Underlying increase in profitability is expected as sales recover, supported by growth in higher margin products, divestments, and scalability in core operations. Acquisitions are expected to have a slightly negative impact on the EBITDA margin. At current foreign exchange rates, keeping all other variables constant, currency movements are expected to have a positive impact of around 50 basis points in 2021 when compared to 2020.

CAPEX is expected to be in the range of 3-4% of sales. Main CAPEX items include maintenance CAPEX in manufacturing, continuation of the implementation of a new CRM software, investments in computer equipment, software, leasehold improvements, and fixtures.

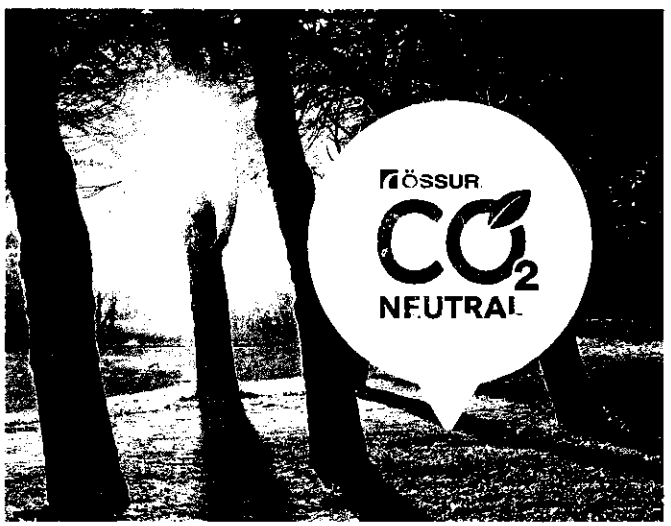
Based on the current mix of taxable income, the expectation is that the 2021 effective tax rate will be in the range of 23-24%.

IN THE SPOTLIGHT

Össur will be Carbon Neutral in 2021

In recognition of our commitment to sustainable development and to commemorate the Company's 50th anniversary, Ossur will be Carbon Neutral in 2021 for energy and fuel consumption, waste generation, business travel and transportation of goods. This represents direct and indirect emissions (Scope 1 and 2) and selected Scope 3 emissions, according to The Greenhouse Gas Protocol.

Ossur has partnered with First Climate, a leading service provider of carbon emissions management, to achieve carbon neutrality. Ossur aims to source all electricity from renewable sources and offset emissions through VCS and Gold Standard projects to support the UN Sustainable Development Goals.



Markets

Economic development around the world and global macrotrends in the market create demand and opportunities for growth. We have selected six trends that create opportunities for Ossur.

INDUSTRY TRENDS CREATE OPPORTUNITY

Aging and more active population

1. The global population of 65 and older is increasing, and so is the amputee population
2. Growing number of people afflicted by vascular disease, the leading cause of amputation
3. Increased amount of fractures, joint instability and joint afflictions

Growing middle class in emerging markets

1. Global economic growth will be powered by emerging markets
2. Disposable income increasing in emerging markets, willingness to pay out-of-pocket
3. Increasing healthcare coverage in emerging markets

Increased pressure on healthcare budgets

1. Healthcare providers increasing efforts to manage cost
2. Demand for cost effective solutions without compromising quality
3. Consolidation in patient care

Increased penetration of new technologies and high-end products

1. New innovative technologies being accepted for reimbursement
2. Gradual transition from volume to value-based payment in healthcare
3. Increased acknowledgement of total healthcare economic benefits of bionics and OA bracing

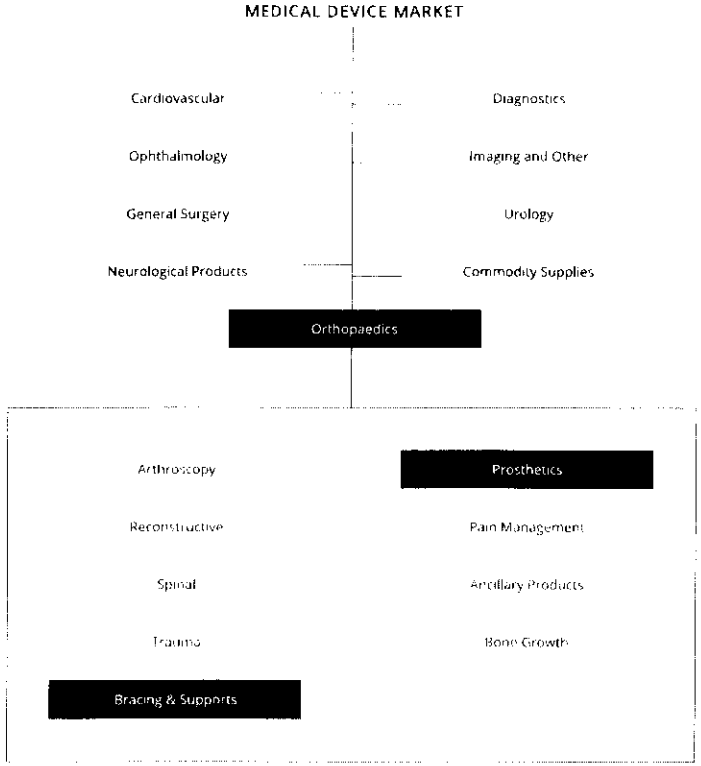
Increasing regulatory requirements

1. Investments in people and processes to adapt to changing healthcare requirements
2. Product development to meet prevailing regulatory requirements
3. Increasing importance of digital and personal data security

Improved treatment options

1. Earlier diabetic detection, limb salvage and alternative treatment options
2. Surgery, wound care and easily accessible pain medication provide alternatives to bracing
3. Increasing healthcare coverage and better access to patients

Ossur operates within the global non-invasive orthopaedic industry, delivering advanced and innovative solutions within the prosthetics and bracing & supports markets.



The prosthetics market

Prosthetics include artificial limbs and related products for individuals who were born without limbs or who have had limbs amputated. Ossur offers a full range of premium lower- and upper-limb prosthetics, including feet, knees, hands, liners, and other components.

The size of the global prosthetics component market is estimated to be approximately USD 1.3-1.4 billion. Ossur is the second largest company operating in prosthetics with a market share estimated at 23-24%. The share has increased from our previous estimates of 22-23%, largely due to the acquisition of the prosthetics manufacturer College Park which was completed during the year.

The growth rate of the prosthetics market is estimated to be 3-5%. Volume growth in the market is estimated to be moderate. Volume growth is determined by a relatively stable global amputee population and a moderate increase in the number of new amputees that get fitted with a prosthesis every year. Pricing in the prosthetics market is on average relatively stable. Growth in the prosthetics industry is mainly driven by increased utilization of higher quality prosthetics that lead to increased mobility and quality of life for the users.

PROSTHETIC MARKET

Market size	Market share	Market growth	Primary Sales Channels
USD billion **1.3-1.4**	**23-24%**	**3-5%** Moderate volume growth ↗ Relatively stable pricing → Positive product mix ↑	Orthotic & Prosthetic clinics (O&P)

The bracing & supports market

Bracing & supports (B&S) include products used to support joints and other body parts for therapeutic and preventative purposes. The B&S market includes devices supporting spinal, knee, hip, foot, ankle, and hands. Ossur offers a comprehensive line of products with primary focus on osteoarthritis and injury solutions.

The size of the global B&S product market is estimated to be approximately USD 2.7-3.0 billion. Ossur's market share is estimated at 5-7% compared to previous estimates of 6-8%. The change in market share is largely due to Ossur's divestment of Catsdon which was completed during the year.

The growth rate of the B&S market is estimated to be 3-5%. Market growth is driven by a healthy volume growth in the B&S market supported by global healthcare trends such as an aging and more active population. Price levels are relatively stable as B&S products are fully reimbursed in most of the markets that Ossur operates in. For some markets, there is moderate price pressure for selected product categories, mainly products of a lower innovation level. In addition measures such as Competitive Bidding for off-the-shelf spinal and back braces in the US which came into effect in January 2021 puts further pressure on pricing for certain products. Increased utilization of high-end innovative products such as Unloader bracing supports market growth in B&S.

BRACING & SUPPORTS MARKET

Market size	Market share	Market growth	Primary Sales Channels
USD billion **2.7 - 3.0**	**5-7%**	**3 - 5%** Healthy volume growth ↑ Moderate stable price pressure ↘ Positive product mix ↑	Orthotic & Prosthetic clinics (O&P) Hospitals Orthopaedic clinics

Orthopaedic industry stakeholders

In the orthopaedic industry, many stakeholders and decision makers are involved in the purchasing decision. Stakeholders can be categorized into five groups.

ORTHOPAEDIC INDUSTRY STAKEHOLDERS

End-Users	Prescribers	Providers	Payers	Influencers
Individuals that use the products.	Healthcare professionals who prescribe the products, based on the functional clinical indication of the user.	Healthcare professionals who provide users with products, such as O.P.'s, doctors, podiatrists.	Public and private insurance companies. About 95% of Ossur products are reimbursed by a third party.	Healthcare systems, insurance companies, medical associations, end-users and their families.

USER STORIES

Jami Goldman Marseilles

In December 1982, Jami and her good friend Lisa were stranded during a brutal snowstorm in the Arizona desert. Eleven days later, they were found dehydrated and near starving. Both women would fall victim to severe frostbite. For Jami, that would mean battling gangrene and eventual amputation of both legs below the knee. Within a matter of days, Jami's life was up ended as she experienced grief, sadness and loss.

Over the next several years, Jami began an aggressive physical therapy routine, incorporated nutrition and wellness and learned how to walk again with the aid of prosthetics. But that was just the beginning.

"I was watching the 1996 Paralympic Games and decided then to become a professional Paralympic runner," said Jami. From that moment on, she became a runner. Buoyed by a strong family support network and fitted with her now well-recognized prosthetic running blades, she began a rigorous training regime that would ultimately lead her to join the US Paralympic Track and Field team and later compete in several triathlons, marathons and more.

On October 11, 2015 Jami became the first bilateral below knee female amputee to finish any marathon (Chicago Marathon), and on April 18, 2016 she became the first bilateral below knee female amputee to finish the Boston Marathon.

As a wife, mother, teacher, philanthropist – and now, cancer-survivor – Jami's story serves as a remarkable testament to the power of hope, strength and gratitude.

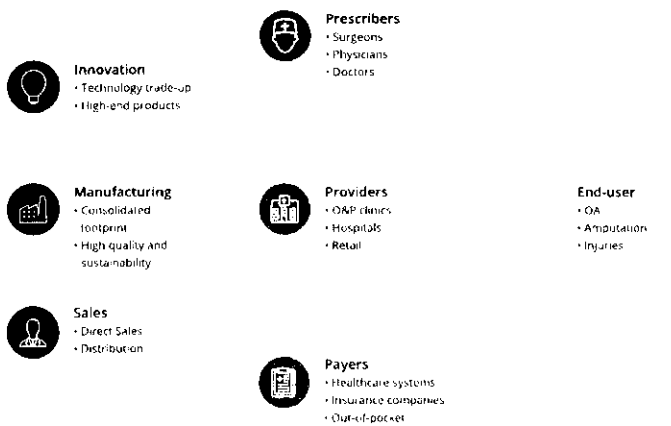
"Overcoming is living your life full of love, passion and perseverance."

Business model

Össur's business model in brief

Ossur develops, manufactures, and brings to market a wide range of prosthetics and bracing & supports solutions with high standards of quality. These high-end products are developed with the objective to improve the mobility of end-users. The products are delivered to the end-users through healthcare providers who specialize in assisting individuals who suffer from movement impairment. Ossur's products are in most cases reimbursed by public or private insurance (payers). Ossur makes a significant investment every year in R&D to further advance products and technologies for the benefit of all stakeholders.

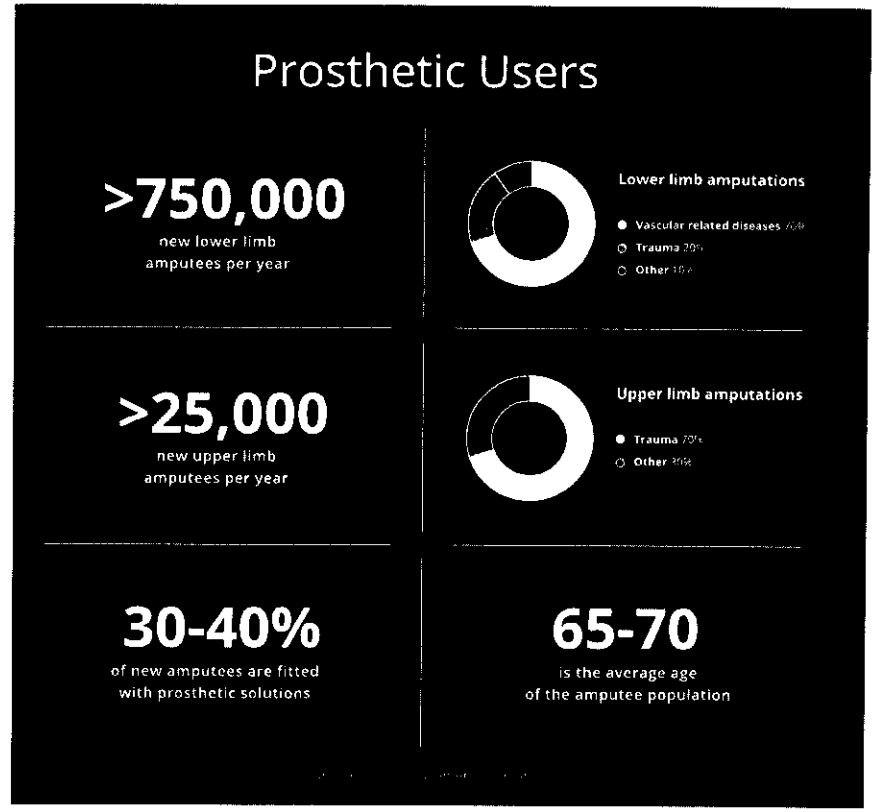
BUSINESS MODEL



The end-users

End-users include lower and upper extremity amputees who have lost a limb due to, for example, vascular diseases, including diabetes, trauma, and cancer. They also include individuals who require support as they may have, for example, developed osteoarthritis in knee or hip ligaments, incurred temporary immobilization, or require enhanced healing after surgery.

By collaborating closely with the end-users Ossur gains a better understanding of their needs and challenges. In turn, Ossur improves their mobility by providing new technologically advanced products to achieve their goals. The involvement with the end-user is not limited to research and development as there is also an aim to provide them with quality services, directly through clinics operated by Ossur or indirectly through customer service programs.



Research & Development

Ossur develops prosthetic and bracing & supports, from an idea to a finished product. With every product, the aim is to deliver cost effective medical solutions that provide value for end-users and the healthcare system. When a product is designed, Ossur accumulates medical and biomechanical data during the development process to verify product safety and efficacy before launch. Also, to obtain independent clinical evidence for product outcomes as well as health economic data, Ossur initiates and promotes clinical studies in cooperation with leading scientists, institutions, and healthcare professionals in the field.

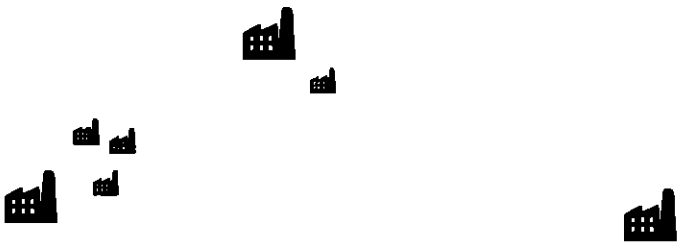
Ossur supports open collaboration within the industry and academia. An example of such an initiative is the collaboration between Ossur and the Alfred Mann Foundation on the development and licensing of a myoelectric sensor system (IMES™). The solution utilizes implantable sensors that collect signals from the amputee's muscles and translate these into prosthetic movements. In other words, mind-controlled prosthetics.

Manufacturing & Quality

Ossur maintains a strong global manufacturing function. Manufacturing of advanced prosthetic solutions, including bionics, takes place in Iceland and Scotland. Manufacturing of other prosthetics solutions, components and premium bracing solutions takes place in Mexico. Ossur outsources the manufacturing of soft goods to China. At Ossur there is a continuous strive for profitability improvements, which includes finding ways to optimize the manufacturing process.

Great emphasis is placed on quality and it is highly important that quality is an intrinsic part of processes whereby Ossur has had a certified quality system in place since 1993. Ossur complies with various global quality and regulatory requirements for medical devices and is currently certified with the ISO9001:2008/2015, ISO14001:2015 and ISO13485:2016 standards.

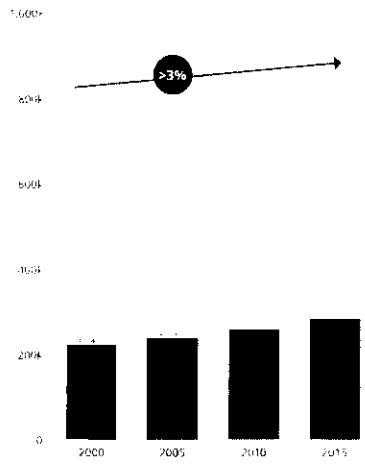
MANUFACTURING LOCATIONS



Sales & Marketing

Ossur operates within a highly specialized industry where the primary customers are specialized healthcare providers who provide and fit individuals with Ossur products. In prosthetics these customers are orthopaedic and prosthetic (O&P) clinics and in bracing & supports it is a combination of O&P clinics, hospitals, and surgery centers. In a few selected markets, Ossur operates its own O&P clinics. In most cases, when a user has been fitted with a product Ossur's customers claim reimbursement from the relevant public institutions or private insurance companies. Ossur largely sells its products through its own direct sales network.

PROSTHETIC USERS



Payers, providers, and prescribers

Prescribers include healthcare professionals who prescribe products based on the clinical indication of the user. These include orthopaedic surgeons, non-surgical physicians, and emergency physicians as well as other professionals providing medical diagnosis.

Providers are healthcare professionals who provide users with prosthetic and bracing products, and related services. These include certified prosthetists and orthotists (CPOs) working at O&P clinics, durable medical equipment (DME) clinics, orthopaedic clinics, and hospitals. Many providers not only recommend specific products but also fit and tailor-make certain products. For non-reimbursed products, a provider can be a pharmacy or sports store.

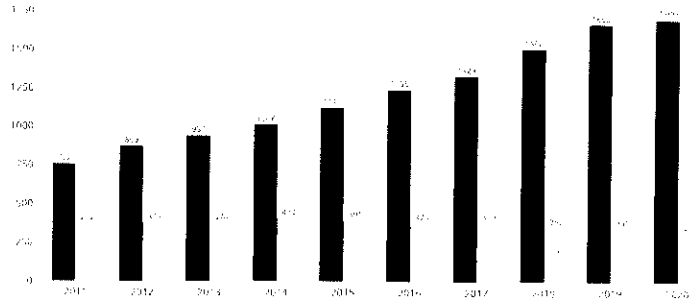
Payers include government reimbursement or insurance companies, where over 95% of Ossur's products are estimated to be reimbursed by a third party. It should be noted that reimbursement systems vary substantially between countries. In other cases, the end-user would pay for the products out of pocket.

Innovation

Strong intellectual property portfolio

Ossur protects its investment in R&D by strategically growing its intellectual property portfolio. Proprietary technologies and products are protected with various types of intellectual property rights, such as patents, design registrations and, trade secrets. The IP portfolio is well diversified and representative of the business areas and markets in which Ossur operates. In recent years, the portfolio has grown around 10% annually, which is mostly contributed to in-house innovation efforts. In 2020 alone, Ossur was granted 85 new patents in addition to filing 117 new patent applications. At year-end 2020, Ossur had over 1,700 granted patents and some 317 patent applications pending. In addition, Ossur's brand is protected by more than 500 trademark registrations.

PATENT PORTFOLIO



Prosthetics

In 2020, Ossur introduced three new product groups catering specifically for the less active amputees and facilitating functional trade-up through technology for this population. To continue Ossur's journey towards innovation for the elderly, development of the Mobili Knee™ has been one of the focus points in 2020. Mobili Knee is a microprocessor controlled, motorized prosthetic knee, based on Ossur's powered knee technology, to be launched in 2021.

Ossur first introduced powered technology to the prosthetics market in 2005 by launching the first generation of Power Knee™ which remains the only powered knee joint commercially available. The second generation was introduced in 2010 and the third generation, which has been in development for the past years, will launch in 2021. This third generation

will cater for the higher active population as its predecessors and will continue to carry the name Power Knee. The knee is intended to facilitate symmetrical loading during various activities, provide confidence when negotiating obstacles and cover greater distances. Another version of the third generation, the Mobili Knee, is specifically tailored to the needs of the low active population. The objective is to apply power to assist users to move from a seated position to a standing one and facilitate safe and assisted walking, allowing the amputee to ambulate in their desired environment and encouraging increased mobility. The launch of the Mobili Knee marks an important milestone in Össur's ambition to bring innovation to this user group.

Innovation in powered prosthetics is based on Össur's vision to replace lost muscle function by applying a specialized motor which is controlled by an internal computer. Above knee amputees typically rely solely on their sound side limb and arms to lift themselves up from a chair, putting strain on the body and compromising balance throughout this activity. By utilizing powered knee extension, the Power Knee and Mobili Knee can extend the joint under load and lift the prosthetic wearer from a seated to a standing position. The technology enables the user to stand up in a symmetrical fashion, putting equal amount of load on both legs and therefore achieving improved balance.

Amputees, specifically lower active and elderly amputees, name stumbles and the risks of falling as their key fear and contribution to insecurity while walking. During ambulation, it is important to create enough space between the foot and the ground when swinging the leg through to avoid the toe from stubbing on the floor as this can lead to stumbles or falls. The motorized control of Össur's powered knees allows for active control of the degree of knee flexion (against the gravity driven extension) during forward swing of the leg and thereby the possibility of influencing this important parameter of ground clearance of the foot, a major determinant for stumbles and falls.

By applying the powered technology to prosthetics, Össur is living up to its mission to improve people's mobility.

Bracing & Supports

Össur launched five new and exciting products within bracing & supports (B&S) during the year for both reimbursed channels as well as our direct-to-consumer (DTC) platform. Throughout the year, the B&S team continued on its innovation journey with focus on products that are designed and built to fulfill the needs of our customers and end users all while continuing to offer competitive pricing without compromising patient care.

A new walker boot is an excellent example of a product that is expected to set new standards in compliance, function, and biomechanics within the B&S industry. When launched, this new walker boot will have a clear differentiation from other competing products and will address unmet needs in the marketplace.

Össur launched a direct-to-consumer platform in 2020 offering braces, compression, sleeves, accessories, and parts. Since launch Össur has focused on technology that provides the ultimate end user experience, for example with the CTi Ultra brace which is designed to offer best in class protection and stabilization of the knee joint. The development of the CTi Ultra has distilled decades of experience into Össur's first ever dedicated DTC product and will come to market in 2021.

By listening to the needs of our customers and end users, Össur continues to be in the forefront of innovation within the B&S industry.

Strategy

Össur is a pioneer of advanced technology and by listening to people's needs and pushing the boundaries of technology continues to create some of the best products and services available in the fields of prosthetics and bracing & supports. In the end, we strive to create a Life Without Limitations for all our users. Össur's mission is to improve people's mobility and its vision is to be a leading company in the non-invasive orthopaedics market.

Össur will continue to generate value for individuals and healthcare systems by focusing our business strategy on successful product innovation, sustainable growth, and efficiency.

Innovation

Execute Ideas that add Value

We embrace innovation in all our actions by creating value for our customers. We will be at the forefront of industrial and related innovation to ensure our consistently strong position in the market.

In 2020, Össur continued to invest in research & development amounting to 5% of sales or USD 31 million. Össur launched more than 20 new products and incremental updates to the market.

In 2020, Össur introduced new product groups catering specifically for the less active amputees and for treating functional trade up through technology for this population. These include the Balance Foot 3 and new Direct Socket TF and Connect TF socket technologies. The Balance Foot 3 was developed to support less-active prosthetic users, ideal for people who want a lightweight, comfortable foot for everyday use. Direct Socket TF is a socket solution for transtemporal amputees of all activity levels. Connect TF is an adjustable socket indicated for low activity amputees, including an open socket donning feature.

Össur also launched new and existing products within bracing & supports during the year for both reimbursed channels as well as our direct-to-consumer platform. Product launches for example include the Unloader One X Custom knee brace, which is manufactured to fit the patient's leg contour.

During the year, good progress continued to be made in research & development of new technologies for our users. For example, within powered prosthetic technology with products anticipated to be launched in 2021 and a new walker boot within B&S which will have a clear differentiation from other competing products and will address unmet needs in the marketplace.

Growth

Maintain Sustainable Growth

We will achieve growth by successfully commercializing our innovation through our local go-to-market strategy and commitment to our customers' needs. We will further develop our business and leverage untapped market opportunities.

Organic sales declined by 10% in 2020 as sales during the year were impacted in most markets by measures to control the COVID-19 pandemic. Due to these measures, average sales compared to the same period last year were as follows during the year: January and February 2020 were around 100% of last year's sales, March 80-90%, April 60-70%, May 70-80%, June 80-90%, and through the remainder of the year between 90-100%. The impact from the pandemic is expected to be short-term and that the long-term prospects and underlying fundamental drivers of the business are unchanged.

A key growth opportunity is within emerging markets where penetration of prosthetics and bracing is still relatively low. Ossur continued to invest in selected emerging markets during the year by establishing direct sales and infrastructure. The goal in these markets is to drive conversion, technology trade-up, and offer partnership services.

Ossur made good progress during the year with its partnership service model. These services include professional education, solutions to ease the reimbursement claim process, tools to enhance clinical outcomes, and outsourced fabrication.

Ossur's strategy furthermore includes exploring growth opportunities through acquisitions, and additionally divestments were made during the year to further focus the business. Ossur completed the acquisition of the prosthetics manufacturer College Park Industries during the year and additionally acquired several other companies. The combined full year sales of these acquisitions amount to USD 59 million (incl. an acquisition in the first week of January 2021). Divestments completed during the year include Gibaud in France and entities focused on B&S sales in the US. The combined full year sales of these divestments amount to USD 71 million.

Efficiency

Conduct Business Efficiently

We strive to increase efficiency and drive continuous improvement. We run efficient operations in the most optimal locations, hire passionate employees and deliver strong profit and cash flow.

EBITDA margin for 2020 was 15%. Profitability was strong despite the impact on topline due to COVID-19 and underlines that profitability will return to normalized levels as sales recover.

Gross profit for 2020 amounted to 62% of sales compared to 65% of sales for 2019. During a large part of 2020, manufacturing capacity was reduced due to lower sales in relation to COVID-19, which resulted in a lower gross profit margin.

Good progress was made with the ongoing efficiency initiatives this year which are focused on distribution, manufacturing, and strategic sourcing. The savings target of USD 10 million in 2020 was reached, corresponding to USD 4 million in additional savings when compared to the previous year.

Ossur has been investing in an increasingly scalable infrastructure. As an example, the global manufacturing platform is consolidating with about 12 fewer locations since the year 2009. Investments have been made in centralized procurement (strategic sourcing) and implementation of a new CRM platform. The shared service center in Poland supports around 60% of Ossur's entities and the global IT department which is supporting majority of Ossur's entities.

People

At Ossur we nurture a spirit of innovation, we offer an open and vibrant environment where each employee can achieve his or her full potential. We live by a set of values that are the foundation for our strategy and success. Our core values are Honesty, Frugality, and Courage; and these values guide our decisions. We live these values every day in everything that we do—in our interactions with colleagues and customers, and in our work efforts.

We have about 3,500 employees working in over 30 countries. While we are a diverse company, we work as one to improve people's mobility. Different ideas and points of view are beneficial to our business, and we believe in creating an environment where diversity, knowledge, skills, and strengths are fully utilized. As individuals, our employees can expect fair and equal treatment and equal opportunities for growth within Ossur. Our employees take responsibility, both for their current job and for their career advancement. We offer various learning opportunities, so employees can build lasting and rewarding careers with us.

We measure our employees' motivation once a year and we are proud that our employee satisfaction and motivation is high. Our employees' passion, drive, and capabilities to help our customers are our greatest assets.

We have a Competency Framework within Ossur that allows us to identify the behaviors that drive successful performance and supports business strategy. Our competencies are collaboration, communication, driving results, customer focus and change. Regular check-ins are encouraged between employees and managers to discuss both performance and development of these competencies which are supported by Ossur's Development Guide that lists training and development opportunities for each competency. All employees regardless of their role or location, have access to thousands of on-line and virtual courses to learn and grow.

Ossur recruits competent and ambitious individuals that can work on demanding projects, and we are proud that we've been able to provide advancement opportunities for our talented employees. Our hiring decisions are based

on a potential employee's skills and abilities. Our global team of talented professionals is passionate about helping people live a Life Without Limitations. While innovation drives us as we strive to be the leading company in non-invasive orthopaedics, it's the people that work at Össur that make this possible.

If you are interested in joining our team you can view and apply for an open position on Össur's applicant portal.

Diversity and Equality

Every day we interact with people from a wide range of cultures and backgrounds. We do business in numerous locations around the world, working and communicating with many different colleagues, customers and other stakeholders in our industry.

Diversity and equality are extremely important to us. Different ideas and points of view are beneficial to our business, and we believe in creating an environment where all our knowledge, skills and strengths are fully utilized. As individuals, we can expect equal treatment and equal opportunities for growth within Össur.

Risk management

Four key risks

Investment in Össur's shares involves various risks where the business, financial conditions, and results of operations going forward rest upon certain assumptions and could be negatively affected if any of the factors described in this chapter occur. Össur has chosen to highlight four key risks which are currently considered most relevant (apart from the expected short-term impact of COVID-19). Össur cannot ensure that given assumptions for the description of the risks is correct. Furthermore, additional risks and uncertainties which are listed on Össur's corporate website, or not presently known to Össur, or that the Company currently deems immaterial, may adversely affect its business operations and financial results, to an even greater extent, than the four risks identified here.

CHANGES IN REIMBURSEMENT

Description

Most of Össur's products and services are reimbursed by third-party payers, including government healthcare programs and private health insurance plans. All third-party payers continue to develop methods of controlling healthcare costs, including review of claims, selective contracting, and competitive bidding.

Potential impact

These cost-control methods may limit or even eliminate the coverage and the amount of payment for which third-party payers may be willing to pay for Össur's products and services. As a result, sales may decline significantly, and customers may reduce or eliminate purchases. Reviews of claims may lead to repayment of prior sales.

Mitigative actions

Össur only brings products to the market that have medical indication and are clinically validated. Össur applies its reimbursement knowledge from the earliest stages of product development to the post-sale education of customers. Össur also pursues several strategies to manage the reimbursement of its products and services.

REGULATORY REQUIREMENTS

Description

Össur's products are medical devices that are subject to extensive global regulations by the respective authorities in countries where Össur conducts its business. Such regulations can restrict virtually all aspects of a medical device's design and testing, manufacturing, safety, labeling, storage, recordkeeping, reporting, clearance and approval, promotion, distribution, and services.

Potential impact

Failure to comply with the regulatory requirements of the applicable authority may subject Össur to sanctions, ranging from warning letters to penalties and product withdrawal. Össur's failure to comply with regulatory requirements or receive regulatory clearance and approval for its products or operations would adversely affect Össur's sales and potential for future growth.

Mitigative actions

Össur maintains a robust global quality system that complies with international medical device standards and is an intrinsic part of internal processes. Furthermore, employees actively monitor the medical device regulation landscape and stay on top of changes to international and local regulations in the countries where Össur markets and sells medical devices.

ÖSSUR MAY BE UNABLE TO DEVELOP OR SECURE THE USE OF NEW TECHNOLOGIES

Description

Össur operates in markets that are characterized by rapid technological change, driven by extensive research that is carried out by market participants. Technological innovation takes place at various stages in Össur's value chain and may include individual components, design, and functionalities of Össur products, and patient care.

Potential impact

The development by any suppliers or competitors of substitute products or components that better satisfy market demands could have a material adverse effect on Össur's business and results of operations. A failure to develop new products or enhance existing products could also have a material adverse effect on Össur's operations and potential for future growth.

Mitigative actions

Significant reinvestment into R&D and constant strive to find new technologies has resulted in a vast IP portfolio and enables a strong position to compete with potential new entries. External connections and appeal to universities, research institutes and investors provides the opportunity to stay informed and review emerging innovation as part of acquisitions or research cooperation initiatives.

INDUSTRY CONSOLIDATION AND FORWARD INTEGRATION

Description

Major parts in Össur's marketplace include the consolidation of prosthetic manufacturers in recent years and the additional momentum that forward integration is gaining in the industries where Össur operates. Given the nature of acquisitions, it is uncertain to what degree Össur will be able to participate in further consolidation and to what degree forward integration will affect Össur's operations.

Potential impact

The consolidation has been a material contributor to the growth of Össur in the past. If Össur were not to participate in further consolidation or forward integration, it might limit Össur's potential for future growth. In addition, these shifts may impact the competitive landscape of the industries and the associated market shares. Changes in the industry may furthermore impact Össur's customers.

Mitigative actions

Össur continuously reviews value enhancing acquisitions and investment opportunities in its business segments and keeps a good relationship with the relevant stakeholders in the industry. Össur operates its own clinics in certain regions and has partnership programs in place with patient care providers to offer high-quality services.

Other relevant risk factors

For other relevant risk factors please see the Investor Relations section on our corporate website.

Shareholder information

The Össur stock price decreased by 7% in 2020, compared to an increase of 36% of the OMXC25GI index, a leading index for the Danish equity market. Össur returned USD 18.6 million to its shareholders in 2020, in the form of USD 9.3 million share buybacks and USD 9.3 million in dividends.

Össur's stock is listed on Nasdaq Copenhagen and was the 25th largest company listed on Nasdaq Copenhagen when measured in terms of market value at year-end 2020.

KEY INFORMATION TABLE

Market	ISIN	Ticker	Industry	Nr. of shares
CPH (DKK)	IS0000000040	OSSR	Health Care	423,000,000

The share capital of Össur is ISK 423,000,000 nominal value, divided into the same number of shares. There is only one class of shares and all shares carry one vote.

Össur's largest shareholder is William Demant Invest A/S (WDI) which held 52% of the total shares and 52% of the voting rights at year-end 2020. WDI has been invested in Össur since 2004. According to an announcement by WDI, their intention is to hold between 50-60% of Össur's shares going forward. Apart from Össur, the fund's investment activities include holdings in Demant, a leading provider of hearing aids, Vision RT, Vitrolife, Cellavision, Revenio, Jeudan, and Borkum Riftgrund.

In addition, ATP Pension Fund and The Pension Fund of Commerce had announced holdings above 5% in Össur at year-end 2020.

At year-end, about 87% of Össur's shareholders were located in Scandinavia. The remaining ~13% of the shares are held by investors residing in other countries.

SHAREHOLDER INFORMATION

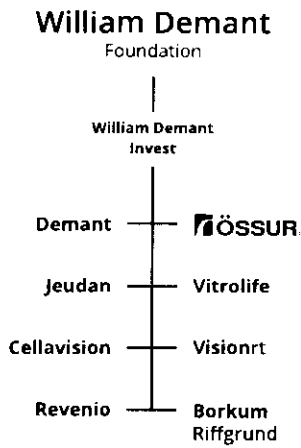
- **Scandinavia** 87%
  USA 6%
  UK 1%
- **Other** 7%

Ownership structure

William Demant Invest A/S invests in companies whose business models and structures resemble those of Demant A/S, but are outside of Demant A/S' strategic sphere of interest which is hearing healthcare.

When investing in new companies, William Demant Invest generally looks for the following industy and company traits:

- Medtech/healtcare industries
- Strong underlying market factors such as demographic trends and structural growth
- Niche industries with consolidation potential
- Companies and products with proof of concept and existing revenue, i.e. not biotechnology/clinical trials
- Stable cash flow generation or the potential to achieve it in a short to medium term



Source: William Demant Invest website

Stock performance

Ossur's share price decreased by 7% in 2020, from DKK 52.3 per share at year-end 2019 to DKK 48.5 per share at year-end 2020. Ossur's market capitalization was DKK 20.5 billion (USD 3.4 billion) at year-end 2020 compared to DKK 22.2 billion (USD 3.3 billion) at year-end 2019.

STOCK PERFORMANCE

Share buybacks

During 2020, Ossur purchased 1,295,450 of own shares (approx. 0.3% of outstanding shares) under share buyback programs. The total purchase price was DKK 63 million (USD 9 million). The purpose of the share buyback programs is to adjust the capital structure in line with a desired capital level of 1.5-2.5x net interest-bearing debt to EBITDA outlined in Ossur's Capital Structure and Dividend Policy. It should be noted that the share buyback program was temporarily put on-hold on 17 March 2020 due to the impact of COVID-19, as the net interest-bearing debt to EBITDA ratio is temporarily above the level in the Capital Structure and Dividend policy. At year-end 2020, treasury shares totaled 902,277.

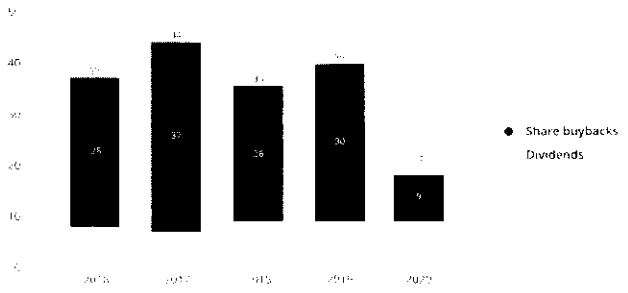
The Board of Directors will not propose to the Annual General Meeting 2021 to reduce the share capital by way of cancelling shares as Ossur's current shareholding will be utilized to meet share option obligations.

Dividends

During 2020, Össur paid out cash dividends in the amount of DKK 64 million (USD 9 million) corresponding to DKK 0.15 per share or 13% of net profit in 2019.

The Board of Directors will not propose to the Annual General Meeting in 2021 that Össur pays cash dividends for the financial year 2020 as the net interest-bearing debt to EBITDA ratio is temporarily above the level in the Capital Structure and Dividend policy.

SHARE BUYBACKS AND DIVIDENDS



Over the last five years, Össur has paid out USD 174 million to shareholders in the form of share buybacks and dividends.

Financial calendar

Annual General Meeting	**8 March 2021**
Interim Report Q1 2021	**27 April 2021**
Interim Report Q2 2021	**22 July 2021**
Interim Report Q3 2021	**26 October 2021**
Interim Report Q4 2021 and Annual Report for 2021	**1 February 2022**
Annual General Meeting	**8 March 2022**

According to the Articles of Association, the Annual General Meeting, (AGM) shall be held before the end of April. The meeting is convened with at least three weeks' notice. The AGM results are sent to the news system of Nasdaq immediately following the meeting and are also made available on the corporate website. Össur's AGM will be held on 8 March 2021.

Investor relations

Össur's policy is to disclose financial and corporate information to provide investors, analysts, and other stakeholders with comprehensive and accurate information to help them understand Össur's current and expected outlook. Six sell-side equity analysts currently cover Össur.

Visit our website for financial reports, announcements, presentations, financial calendar, upcoming events, share information, and other information on Össur: **ossur.com/investors**

Contact Investor Relations
e-mail: **ir@ossur.com**
Tel: +354 515 1300

Corporate Governance

Recommendations on Corporate Governance

Ossur applies the Danish Recommendations on Corporate Governance ("Recommendations"). The Recommendations are the best practice guidelines for companies admitted to trading on a regulated market in Denmark.

Each year the Board of Directors evaluates and decides to what extent the Company should comply with the Recommendations and consequently whether relevant rules, policies and processes should be adopted or amended. When reporting on corporate governance, Ossur comments and provides information on each recommendation. In the few cases where Ossur has decided to deviate from the Recommendations, the "comply or explain" principle is applied, and well-founded explanations are provided why the relevant recommendation is not considered appropriate or desirable for the Company.

Ossur's Corporate Governance Report is approved by the Board of Directors. The Report includes both the statutory statement on corporate governance as well as comments and information on each item in the Recommendations. The report is available here on Ossur's website.

Governance Structure

Shareholders' Meetings

The supreme authority in Ossur's affairs is in the hands of lawful Shareholders' Meetings, within the limits provided for in the Company's Articles of Association and law.

At each Annual General Meeting the shareholders confirm the Company's consolidated financial statements, approve the Company's remuneration policy and decide on remuneration for the Board of Directors. The Board of Directors and an auditor are also elected at the Annual General Meeting, for a term of one year. Other resolutions are made on an ad-hoc basis, such as amendments to the Company's articles of association including capital reductions or authorizations for the Board of Directors to increase share capital) as well as authorizations to the Board of Directors (including to purchase own shares, initiate share buyback programs, or initiate share incentive programs).

Resolutions at Shareholders' Meetings generally require a simple majority. However, resolutions to amend the Company's Articles of Association usually require two-thirds of the votes cast and capital represented.

William Demant Invest A/S holds the voting majority at Ossur's Shareholders' Meetings due to its majority ownership of the Company.

Minutes of Shareholders' Meetings are available here on Ossur's website.

Board member	Responsibilities	Independent	Nationality	Residence	Board tenure
Niels Jacobsen	Chairman of the Board	No	Danish	Denmark	2005
Kristján Tómas Ragnarsson	Vice Chairman of the Board	No	Icelandic	USA	1999
Arne Boye Nielsen	Chairman of the Audit Committee	No	Danish	Denmark	2009
Guðbjörg Edda Eggertsdóttir	Member of the Audit Committee	Yes	Icelandic	Iceland	2015
Svafa Grönfeldt	Member of the Audit Committee	No	Icelandic	USA	2008

Board of Directors

The Board of Directors is the supreme authority in Ossur's affairs between Shareholders' Meetings. The Board has various roles and responsibilities, including establish goals for the Company and formulate the policy and strategy to achieve those goals, hire a CEO to manage the Company's daily operations, supervise the Company's activities and ensure that the Company's organization and operations are in good and proper order, ensure adequate surveillance of the accounting and financial management of the Company, and evaluate the Company's capital structure as well as the performance of the Board and the CEO. The Board's roles and responsibilities are further described in the Board's rules of procedure, which are available here on Ossur's website.

THE BOARD OF DIRECTORS' ANNUAL SCHEDULE

Quarter 1

February Meeting
- Full-year results
- Corporate Governance Statement
- Capital Structure and Dividend Policy
- Agenda for the Annual General Meeting

Annual General Meeting

March Meeting
- Election of Chairman and Vice Chairman
- Appointment of Audit Committee
- Review of Internal Rules

Quarter 2

April Meeting
- Quarterly results

Quarter 3

July Meeting
- Half-year results

September Meeting
- Strategy

Quarter 4

October Meeting
- Quarterly results

December Meeting
- Strategy and Budget
- Performance evaluation
- Investment policy

The Board of Directors is composed of five individuals, all elected by the shareholders at the Annual General Meeting for a term of one year. The Board shall be represented by at least 40% of each gender, and currently there are three men and two women on the Board. The Board members have all served for several years, which ensures consistency and good insight into the Company's business and markets.

The Chairman and the Vice Chairman of the Board of Directors are elected each year following the Company's Annual General Meeting. The Chairman's main responsibility is to ensure that the Board performs its duties in an orderly and efficient manner. In the absence of the Chairman, the Vice Chairman performs his duties. Niels Jacobsen has served as the Chairman since 2006 and Kristján Tómas Ragnarsson as the Vice Chairman since 2012.

The Board of Directors conducts a performance evaluation each year, which includes evaluation of individual contribution, co-operation within the Board and with the CEO, the Chairman's leadership and setup of meetings, quality of board material, committee structure, etc. The Board also evaluates its composition each year to ensure that the members of the Board have between them the relevant knowledge, professional experience, expertise and skills required to perform the Board's tasks in the best interest of the Company. The Chairman oversees the evaluation process and proposes the actions to be taken, if any. The Chairman shall seek external assistance at least every three years.

Further information on each member of the Board of Directors is available here on Össur's website.

Board member	Board Meetings attended
Niels Jacobsen	● ● ● ● ● ● ● ● ●
Kristján Tómas Ragnarsson	● ● ● ● ● ● ● ● ●
Arne Boye Nielsen	● ● ● ● ● ● ● ● ●
Guðbjörg Edda Eggertsdóttir	● ● ● ● ● ● ● ● ●
Svafa Grönfeldt	● ● ● ● ● ● ● ● ●

Audit Committee

The Audit Committee acts as an advisor to the Board of Directors but has no authority to take any decision on behalf of the Board. The principal duty of the Audit Committee is to ensure good quality of the Company's Consolidated Financial Statements and other financial information as well as the independence of the Company's Auditors. The Audit Committee's role and responsibilities are further described in the Audit Committee's rules of procedure, which are available here on Össur's website.

The Audit Committee is composed of three Board Members. The majority of the Audit Committee shall be independent of the Company, the CEO and the Auditor. The Members of the Audit Committee shall possess the knowledge and expertise needed to perform the tasks of the Audit Committee. At least one Member of the Audit Committee shall have solid knowledge and experience in the field of financial statements or auditing. Arne Boye Nielsen has served as the Chairman of the Audit Committee since 2012.

Further information on each member of the Audit Committee is available here on Össur's website.

Board member	Audit Committee Meetings attended
Niels Jacobsen*	● ● ● ●
Kristján Tómas Ragnarsson*	● ● ● ● ●
Arne Boye Nielsen	● ● ● ● ●
Guðbjörg Edda Eggertsdóttir	● ● ● ● ●
Svafa Grönfeldt	● ● ● ● ●

Executive Board

According to Össur's Articles of Association the Executive Board is formally composed of the CEO alone. He is not a member of the Board of Directors.

The CEO is responsible for the Company's daily operations and is obliged to follow the Board of Directors' policy and directions, within the limits provided for by the Company's articles of association and law. The daily operations do not include measures that are unusual or extraordinary, which may generally only be taken if specially authorized by the Board.

The Board of Directors evaluates the CEO's performance each year and then the Chairman of the Board and the CEO have a meeting to discuss the results of the evaluation and the actions to be taken, if any.

Ossur also has a wider executive committee consisting of the CEO, the CFO and Executive Vice Presidents ("Executive Management"). The Executive Management generally meets every week and collectively prepares and implements the Company's strategic plans. The CEO is responsible for the work and results of the Executive Management. The CEO evaluates the performance of the Executive Management each year and discusses the results of the evaluation with each member and the actions to be taken, if any.

Further information on each member of the Executive Management is available here on Ossur's website.

Corporate Social Responsibility

Ossur joined the UN Global Compact in 2011 and signed the UN Women's Empowerment Principles in 2014. In 2019, Ossur evaluated its impact on the UN Sustainable Development Goals and selected four goals to support. Initiatives related to the selected goals started in 2020 and therefore this is the first time Ossur reports on the progress. This chapter will give a high-level overview of the selected SDG's and ESG measurements in accordance with the Nasdaq ESG Guidance. Ossur publishes annually a separate Progress Report on its sustainability efforts which discusses the Company's initiatives and progress in more detail.

Össur's contribution to the UN Sustainable Development Goals (SDG)

Ossur's largest impact on society is through the Company's innovative products, research activities and expertise in the field of prosthetics and bracing and supports. Ossur works with individuals, clinicians, and diverse communities around the world to support a better quality of life and increase the mobility of millions of people. Consequently, Ossur's greatest impact is on Goal 3, Good Health and Well-Being. Additionally, Ossur will also contribute to Goal 5 on Gender Equality, Goal 12 on Responsible Consumption and Production and Goal 13 on Climate Action. Ossur's sustainability vision is to provide products and services that contribute to good health, using responsible production methods and supporting climate action, while being a sponsor for gender equality.

3 GOOD HEALTH AND WELL-BEING

Access to healthcare for elderly amputees

Ossur's main initiative supporting this goal is to design products that offer additional benefits for the elderly, increasing their independency and quality of life. To secure access and availability of these solutions, Ossur works closely with healthcare professionals in its field. At the end of 2020, Ossur had already launched three products that are specially designed for this user group, and 30% of ongoing clinical investigations were related to this subject which will deliver valuable information and insights to further understand the need and potential benefits.

The numbers in the table below show the status at year-end 2020. As this is the first year Ossur reports on these initiatives, these results serve as a baseline and next year will demonstrate the progress achieved.

Actions and progress	Target	2020 Status
New products specially designed for elderly users	4 new products by 2024	3
Ongoing prosthetic studies which will inform developers about the elderly customer group		30%
Availability of Products*		44%
Availability of Products and services**		25%

* [illegible]
** [illegible]

5 GENDER EQUALITY

Our Ongoing Commitment

Ossur achieves in diversity in its broadest sense and the importance of gender equality and a culture of positive contribution to the workplace and the society. We set targets supporting the goal to maintain an even gender split among employees (+/- 10%), increase management positions held by women, and continue to encourage greater diversity and inclusiveness in the industry.

Actions and progress	Target	2020 Status
Gender split among employees	50% (+/- 10%)	46% Female 54% Male
Female Managers (percentage of total number of managers)	YoY increase	36%
Ossur's Women's Leadership initiative (OWLI) Encourage greater diversity and inclusiveness in the industry	Annual conferences* and webinars	6 webinars

* Annual conference postponed to 2021 due to COVID-19

12 RESPONSIBLE CONSUMPTION AND PRODUCTION

Reducing the environmental footprint of our products

Ossur is taking a product-centric approach to environmental management and aims to reduce the product's environmental footprint throughout the full lifecycle, from development, through production, use and disposal. Our approach is to start initiatives with selected product lines and expand into the portfolio going forward.

Actions and progress	Target	2020 Status
Sustainable product design	• Establish data on carbon footprint of the current product portfolio • Identify opportunities for carbon footprint reduction • Build internal development processes to act on carbon footprint of future products	• Selected products in current product portfolio analysed with respect to their carbon footprint • Opportunities for carbon footprint reduction of selected products identified • Internal education and awareness • Sustainability Workshops
Reduce material in product packaging	• Eliminate single use plastic • Reduce total material consumption	• Pro-Flex Foot line packaging re-design o 100% reduction in polyurethane o 10% less in total material o 50% recycled material • Recycling information incorporated

13 CLIMATE ACTION

Actively working towards a carbon neutral operation

Ossur is committed to reducing it's greenhouse gas emissions and improving the efficiency of its energy and resource consumption.

In recognition of our commitment to sustainable development and to commemorate Ossur's 50th anniversary, Ossur will be Carbon neutral in 2021 for energy and fuel consumption, waste generation, business travel and transportation of goods. This represents direct and indirect emissions (Scope 1 and 2) and selected Scope 3 emissions, according to Greenhouse Gas Protocol.

Ossur has partnered with First Climate, a leading service provider of carbon emissions management, to achieve carbon neutrality. Ossur aims to source all electricity from renewable sources and offset emissions through VCS and Gold Standard projects to support the UN Sustainable Development Goals.

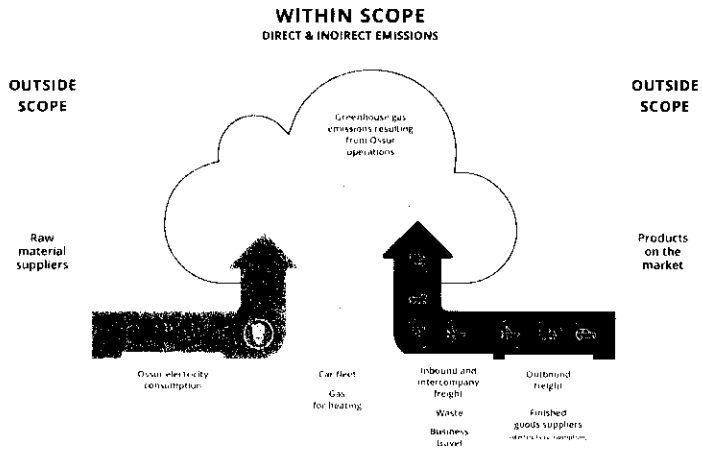
Actions and progress	Target	2020 Status
Continuously improve Ossur's Greenhouse Gas emission reporting	Establish an overview of Ossur's carbon footprint	Emission data added for • 6 Ossur locations • Transportation of goods • Clinics • Car fleet • Finished Goods Suppliers electricity consumption
Source electricity from renewable energy sources	100%	24% of electricity with Guarantee of Origin (GO) certification
Reduce emissions from business travel and freight	-10%	40% reduction, reflecting COVID-19 impacts on business travel (70% reduction)
Carbon Neutral company	Carbon neutral in 2021	• Partner selected (First Climate) • Emissions calculations verified by First Climate

THE GLOBAL COMPACT WE SUPPORT

The UN Global Compact asks companies to embrace, support and enact, within their sphere of influence, a set of core values in the areas of human rights, labor standards, the environment and anti-corruption.

How will we do it?

Actively reduce emissions from our operations.	**Improve energy efficiency** at our locations.
Source 100% electricity from **renewable energy sources.**	**Offset remaining emissions** by supporting emission reduction projects



Environment

Below reporting on environmental metrics is in accordance with the Nasdaq ESG guidance. Ossur strives to continuously improve its Greenhouse Gas emission reporting with more extensive data from suppliers and service providers.

ENVIRONMENT				
		Connection to frameworks	**2019**	**2020**
E-1	**GhG Emissions in tonnes CO2 equivalents (tCO2e) ***	**UNGC P7**		
1.1	**Scope 1 - Direct emissions, tCO2e**		**360**	**1.800**
	Gas consumption for heating		360	500
	Fuel consumption in vehicle fleet		n.a.	1.300
1.2	**Scope 2 - Indirect emissions, tCO2e**		**3.600**	**5.000**
	Purchased electricity and heat		3.600	5.000
1.3	**Scope 3 - Other relevant indirect emissions, tCO2e**		**7.090**	**9.330**
	Finished Goods Suppliers electricity consumption		n.a.	2.200
	Transportation of goods		n.a.	4.700
	Waste treatment		190	130
	Business travel		6.900	2.300
E-2	**Emissions Intensity**	**SDG 13, UNGC P7, P8**		
2.1	**Total GhG emissions per revenue, tCO2e/USD Million**		**16**	**26**
E - 3	**Energy Usage**	**SDG 12, UNGC P7, P8**		
3.1	**Total energy directly consumed (MWh)**		**2.340**	**7.030**
	Gas consumption for heating		2.340	2.230
	Fuel consumption of vehicle fleet		n/a	4.800
E - 4	Energy Intensity	SDG 12, UNGC P7, P8		
	Total energy usage per revenue, MWh/USD Million		1	11
E - 5	Energy Mix			
	% electricity from renewable sources **		n/a	24%
	% electricity from other energy sources		n/a	76%
E - 6	**Water Usage**			
6.1	Total amount of water consumed (m3) ***		95.400	87.000
E - 7	**Environmental operations**			
7.1	Does Ossur follow a formal Environmental Policy?		Yes	Yes
7.2	Does Ossur follow specific waste, water, energy, and/or recycling policies?		**Yes**	**Yes**
7.3	Does Ossur use a recognized energy management system?		Yes	Yes
E - 8	**Climate Oversight / Board**			
	Does Ossur Board of Directors oversee and/or manage climate-related risks?		No	No
E - 9	**Climate Oversight / Management**			
	Does Senior Management Team oversee and/or manage climate-related risks?		No	No
E - 10	**Climate Oversight / Management**	**UNGC P9**		
	Total amount invested, annually, in climate-related infrastructure, resilience, and product development.		n/a	n/a

* In 2020 the scope of the calculation was extended to include in addition to Ossur facilities, transportation of goods, business travel, Finished Goods Suppliers electricity consumption and waste treatment. 2019 numbers have been restated to reflect the extended scope.
** Electricity coverage is for Ossur facilities only. Electricity consumption for Finished Goods Suppliers is not included in 2019.
*** Includes water for Ossur facilities only.

In 2020, the scope of emission monitoring was extended which explains higher emissions in 2020, compared to 2019. The table only shows two years as the 2018 numbers are not comparable to 2019 and 2020 numbers due to this extension to scope.

Össur has a certified environmental management system at accordance with ISO 14001:2015 at the largest manufacturing and distribution locations.

For more detailed information, see Össur's CSR report.

USER STORIES

Rudy Garcia-Tolson

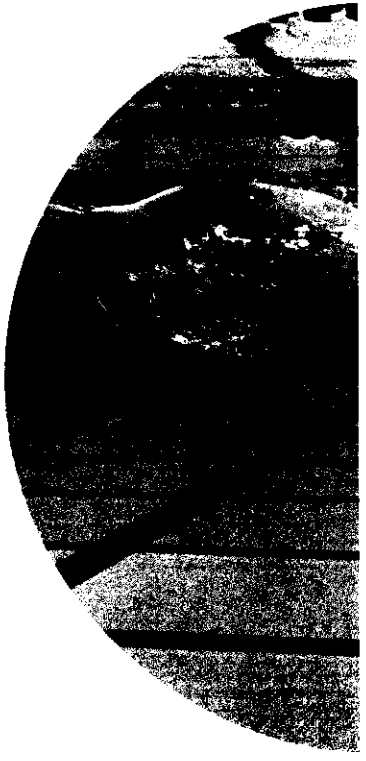
"A brave heart is a powerful weapon and people should never let their challenges define who they are"

At an age when most children must be reminded to brush their teeth or take out the trash, Rudy Garcia Tolson was charting his course to Ironmans Triathlon victory and Paralympic gold. Born with multiple birth defects, Rudy endured 15 surgeries by the age of five before telling his parents he would prefer a double leg amputation. Soon after, Rudy began to swim and run, participating in his first triathlon at age 8, as the swimmer in a winning relay team. By age 10, on a visit to Össur in Iceland, he provided product input which became key in the development of the Flex-Run™ prosthetic. Shortly thereafter, Rudy completed the first of many individual triathlons.

Today he is a multi-hyphenate. Rudy is a swimmer, runner, cyclist, triathlete, ESPN's ARETE Courage in Sports Award Winner, ESPY nominee, motivational speaker and four-time paralympian.

On a day-to-day basis, Rudy uses Össur's Rheo Knee® and Pro-Flex® XC. For athletics, he uses Össur's Flex-Run. As a four-time Paralympian (2004, 2008, 2012, 2016) and five-time medalist, Rudy devotes himself to inspiring the younger generation of challenged athletes. Today, he is training in hopes of competing at his fifth Paralympics in Tokyo next year.

"Never let people tell you that you can't do something. Prove them wrong. The only disability in life is a negative attitude."



Social

Below reporting on social metrics in accordance with the Nasdaq ESG guidance. Further details on social initiative are discussed in Össur's CSR report.

SOCIAL METRICS

		Connection to frameworks	2018	2019	2020
S - 1	**CEO Pay Ratio**	**UNGC: Principle 6**			
1)	CEO total compensation to median FTE total compensation		22	21	21
2)	Does your company report this metric in regulatory filings? Yes/No		Yes	Yes	Yes
S - 2	**Gender pay ratio**	**UNGC: Principle 6**			
	Pastel pay audit		Yes	Yes	Yes
S - 3	**Employee Turnover**	**UNGC: Principle 6**			
1)	Year-over-year change for full-time employees		[illegible]	10%	12%
2)	Year-over-year change for part-time employees		n/a	n/a	n/a
3)	Year-over-year change for contractors and/or consultants		n/a	n/a	n/a
S - 4	**Gender Diversity**	**UNGC: Principle 6**			
1)	Total enterprise headcount held by men and women		M 51% / F 49%	M 51% / F 49%	M 54% / F 46%
2)	Entry- and mid-level positions held by men and women		M64% / F36%	M62% / F38%	M64% / F36%
3)	Senior- and executive-level positions held by men and women		M80% / F20%	M74% / F26%	M76% / F24%
S - 5	**Temporary Worker Ratio**	**UNGC: Principle 6**			
1)	Total enterprise headcount held by part-time employees		[illegible]	8%	9%
2)	Total enterprise headcount held by contractors and/or consultants		n/a	124	144
S - 6	**Non-Discrimination**	**UNGC: Principle 6**			
1)	Does your company follow a sexual harassment and/or non-discrimination policy? Yes/No		Yes	Yes	Yes
S - 7	**Injury Rate**	**SDG 3**			
1)	Total Recordable Incident Rate per 100 employees		1,1	0,6	0,7
S - 8	**Global Health and Safety**	**SDG 3**			
1)	Does your company follow an occupational health and/or global health & safety policy? Yes/No		Yes	Yes	Yes
S - 9	**Child & Forced Labor**	**UNGC: Principle 4,5**			
1)	Does your company follow a child and/or forced labor policy? Yes/No		Yes	Yes	Yes
2)	If yes, does your child and/or forced labor policy See also: cover suppliers and vendors? Yes/No		Yes	Yes	Yes
S - 10	**Human Rights**	**UNGC: Principle 1,2**			
1)	Does your company follow a human rights policy? Yes/No		Yes	Yes	Yes
2)	If yes, does your human rights policy See also: cover suppliers and vendors? Yes/No		Yes	Yes	Yes

Corporate Governance

Ossur's Corporate Governance reporting complies with the Danish Recommendations on Corporate Governance. Further details on the Corporate Governance Reporting can be found in the Corporate Governance Statement on Ossur's website: ossur.com/corporate/investor-relations/corporate-governance

Below reporting on governance metrics in accordance with the Nasdaq ESG guidance. Further details on Governance related initiative are discussed in Ossur's CSR report.

GOVERNANCE METRICS

		Connection to frameworks	2018	2019	2020
G - 1	**Board Diversity**				
1)	Percentage: Total board seats occupied by women (as compared to men)		M 60% / F 40%	M 60% / F 40%	M 60% / F 40%
2)	Percentage: Committee chairs occupied by women (as compared to men); *The Board has only one committee, Audit Committee, explaining the uneven gender split*		M 100% / F 0%	M 100% / F 0%	M 100% / F 0%
G - 2	**Board Independence**				
1)	Does company prohibit CEO from serving as board chair? Yes/No		Yes	Yes	Yes
2)	Percentage: Total board seats occupied by independents		D 60% / I 40%	D 60% / I 40%	D 60% / I 40%
G - 3	**Incentivized Pay**				
1)	Are executives formally incentivized to perform on sustainability? Yes/No		No	No	No
G - 4	**Collective Bargaining**	**UNGC Principle 3**			
1)	Total enterprise headcount covered by collective bargaining agreement(s)		n/a	41%	39%
G - 5	**Supplier Code of Conduct**	**UNGC: Principle 2,3,4,8 SDG 12**			
1)	Are your vendors or suppliers required to follow a Code of Conduct? Yes/ N		No	Yes	Yes
2)	If yes, what percentage of your suppliers have formally certified their compliance with the code?		n/a	76%*	76%*
G - 6	**Ethics & Anti-Corruption**	**UNGC: Principle 10**			
1)	Does your company follow an Ethic Code/or Anti-Corruption policy? Yes/No		Yes	Yes	Yes
2)	If yes, what percentage of your workforce has formally certified its compliance with the policy?		91%**	91%**	91%**
G - 7	**Data Privacy**				
1)	Does your company follow a Data Privacy policy? Yes/No		Yes	Yes	Yes
2)	Has your company taken steps to comply with GDPR rules? Yes/ No		Yes	Yes	Yes
G - 8	**ESG Reporting**	**UNGC: Principle 8**			
1)	Does your company publish a sustainability report? Yes/No		Yes	Yes	Yes
2)	Is sustainability data included in your regulatory filings? Yes/No		Yes	Yes	Yes
G - 9	**Disclosure Practices**	**UNGC: Principle 8**			
1)	Does your company provide sustainability data to sustainability reporting frameworks? Yes/No		Yes	Yes	Yes
2)	Does your company focus on specific UN Sustainable Development Goals (SDGs)? Yes/No		No	Yes	Yes
3)	Does your company set targets and report progress on the UN SDGs? Yes/No		No	Yes	Yes
G - 10	**External Assurance**	**UNGC: Principle 8**			
	Are your sustainability disclosures assured or validated by a third party? Yes/No	Third party assurance and third party audits are performed on vast majority of the CSR data, further details in the CSR report			

* Vendor details are supplied on a regular basis and not all vendors are audited

** Percentage of workforce that has received training in the Code of Conduct and Anti-Corruption policy

Board of Directors

Niels Jacobsen
Chairman of the Board of Directors

Born: n/a

Member of the Board of Directors since the year 2003

Education

Master's degree in Business Administration from the University of Aarhus in Denmark

Board positions

Rhodol A/S, company chairman

Nelcon A/S, chairman

Thorntec S, Simple Formation, chairman

ADDLIFE Holding GmbH, deputy chairman

Additional Board positions within Alfred Nehrer Werk A/S

Demant A/S, deputy chairman

Jeudan A/S, chairman

Össur hf., chairman

Vision RT Ltd., chairman

Founders A/S, chairman

Raision Holding A/S, board member

Experience

Mr. Jacobsen has several international management experience, both as CEO and as Chairman in major international companies. He is currently the CEO of William Demant Invest A/S. Previous positions include Executive Vice President & CFO of Demant A/S, Denmark, William Demant Holding A/S, President of Oticon A/S and Vice President overseeing corporate affairs for GN Store Nord A/S and Tryg Forsikring A/S.

Shares held in Össur

200,430 (incl. related parties). Mr. Jacobsen holds no share options in the Company.

Other

Mr. Jacobsen has no interest links with the Company's main clients or competitors. Mr. Jacobsen is a dependent member of the Board.

Dr. Kristjan Tomas Ragnarsson
Vice Chairman of the Board of Directors

Born: 1943

Member of the Board of Directors since the year 1999

Education

University of Iceland School of Medicine and certified by the American Board of Physical Medicine and Rehabilitation

Experience

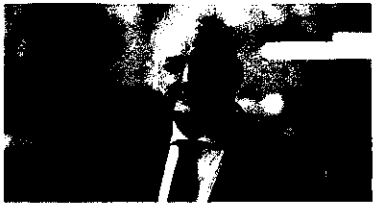
Between 1986 and 2015, Dr. Ragnarsson served as the Chairman and Curry Moses Professor of the Department of Rehabilitation Medicine for the Mount Sinai Medical Center in Nyc, York City. He has also served in multiple other leadership positions at Mount Sinai and various professional organizations. From 1982 - 1986 Dr. Ragnarsson was a Resident, Fellow, Assistant and then Associate Professor Rehabilitation Medicine, Nyu Medical Center.

Shares held in Össur

Dr. Ragnarsson holds no shares nor share options in the Company.

Other

Dr. Ragnarsson has no interest links with the Company's main clients, competitors, or major shareholders. Dr. Ragnarsson is a dependent member of the Board.



Arne Boye Nielsen
Member of the Board of Directors

Born: 1948

Member of the Board of Directors since the year 2009

Education

Master's degree in Business Administration from the Copenhagen Business School in Denmark

Board positions

Epos A/S (chairman)

Reverse Group Oyj (board member)

Interacoustics A/S (president)

Experience

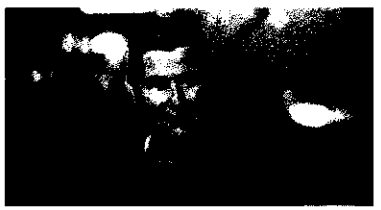
Mr. Nielsen has spent his entire career with Demant A/S in various and expanding roles throughout the world. After working as an internal General Manager of Oticon Australia Pty Ltd. Mr. Nielsen was, in 1996, his current position as President of Diagnostics and Communications at Demant, which has operations worldwide.

Shares held in Össur

Mr. Nielsen neither has shares nor share options in the Company.

Other

Mr. Nielsen has no interest links with the Company's main clients or competitors. Mr. Nielsen is a dependent member of the Board.



Dr. Svafa Grönfeldt
Member of the Board of Directors

Born: 1963

Member of the Board of Directors since the year 2016

Education

Doctorate in Industrial Robotics from the London School of Economics

Board positions

Icelandair (board member)

Grigo (board member)

IPNICEA Iceland (board member)

Marel (board member)

Experience

Dr. Grönfeldt is the senior advisor to the Dean of the Massachusetts Institute of Technology Sa+P, a founding member of MIT's newest innovation accelerator Deagon and a co-founder of the MET fund, a Cambridge based seed investment fund. Previous positions include Chief Organizational Development Officer of Alvogen, President of Reykjavik University, deputy to the CEO of Actavis Group, Assistant Professor of Economics and Business Administration at the University of Iceland.

Shares held in Össur

Dr. Grönfeldt holds no shares nor share options in the Company.

Other

Dr. Grönfeldt has no interest links with the Company's main clients, competitors, or major shareholders. Dr. Grönfeldt is an independent Board member.

Gudbjörg Edda Eggertsdottir
Member of the Board of Directors

Born in 1951

Member of the board of directors since the year 2013

Education

Master's degree (Pharma) from Copenhagen University

Board positions

Brunnur Investment Fund (chairman)

Cor pharma Holding ehf (vice chairman)

Floreales ehf. (chairman)

Ort Genetics hf. (board member)

Visitor hf. (board member)

Saga Medica ehf. (board member)

Pretium ehf. (chairman)

Experience

Previous positions include President & EVP Strategic Projects of Actavis Plc in Iceland, a global integrated specialty pharmaceutical company, Deputy CEO and EVP Third Party Sales at Actavis Group hf., Deputy CEO, Head of R&D, Assistant Managing Director, Development Manager, Regulatory Manager and Marketing Manager at Delta hf., and Medical Representative at Pharmaco hf. She was the President of the European Generic Medicines Association from 2011-2013.

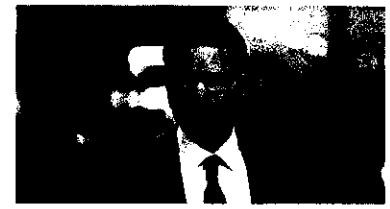
Shares held in Össur

26,318 (incl. related parties). Ms. Eggertsdóttir holds no share options.

Other

Ms. Eggertsdóttir has no interest links with the Company's main clients or competitors. Ms. Eggertsdóttir is an independent member of the Board.

Executive Management



Jon Sigurdsson
President and CEO

Born in 1956

With Össur since the year 1996

Education

Master's degree in Business Administration (MBA) from the United States International University in San Diego.

Bachelor degree in Industrial Engineering from Odense Technical College in Denmark

Board Positions

Vitrolife AB

The Icelandic American Chamber of Commerce

Experience

Jon has been the CEO of Össur since 1996 and prior to that he was the Commercial Counselor for the Icelandic Trade Council in New York (1992-1996), Chief Financial Officer at Álafoss (1989-1991), Head of the International Division of Eimskip (1986-1989) and an Engineer for Rang and Olufsen Denmark (1982-1984).

Jon's experience as a member of the Board of Directors in other companies/organizations include:

- Rio Tinto Alcan Iceland 2003-2015
- The Icelandic Chamber of Commerce 2002-2011
- Reykjavik University from 2002-2009
- Sanberg hf. from 2002-2006
- The Icelandic Trade Council from 1997-2003
- Research Liaison Office of the University of Iceland from 1996-2001

Shares held in Össur

899,474 (incl. related parties)

Egill Jonsson
EVP of Manufacturing and Operations

Born in 1957

With Össur since the year 1996

Education

Master's degree in Mechanical Engineering from the Technical University in Copenhagen (DTU)

Bachelor degree in Engineering from the University of Iceland

Board positions

Federation of Icelandic Industries

Technical College Reykjavik

Experience

Egill has led the M&O function since he joined in 1996. He was formerly a Project Manager at VGK hf. an Engineering firm in Reykjavik (1985-1996)

Shares held in Össur

322,749 (incl. related parties)

Gudjon G. Karason
EVP of Clinics

Born in 1969

With Össur since the year 1998

Education

Master's degree in Engineering from the University of Iceland

CS degree in Mechanical Engineering from the University of Iceland.

Experience

Gudjon has been with Össur since 1998 and has since then worked in R&D, Marketing, Sales, and Clinics in multiple positions. Prior to joining Össur Gudjon worked as Development Manager for a couple of smaller industrial companies in Iceland.

Shares held in Össur

42,743

Margret Lara Fridriksdottir
EVP of Human Resources and Corporate Strategy

Born in 1979

With Össur since the year 2020

Education

Master's degree in Management and Strategy from the University of Iceland
Bachelor's degree in Business Administration from the University of Iceland

Experience

Margret has been with Össur since 2008 in various roles in finance and human resources

Shares held in Össur

15,800

Dr. Kristleifur Kristjansson
EVP of Research and Development

Born in 1973

With Össur since the year 2012

Education

Medical doctor degree from the University of Iceland
Board Certified Pediatrician from the Medical College of Georgia
Clinical and molecular genetics fellowship from the Baylor College of Medicine in Houston, Texas
Certified Pediatrician and Clinical Geneticist in Iceland from 1998

Board positions

Saranda Bio, Inc. (chairman)

Experience

Dr. Kristleifur joined Össur in 2012 for the first 6 years as Global Chief Medical Officer and then 2 years as Medical Director and VP of Clinical Affairs. Dr. Kristleifur is a practicing pediatrician and has co-founded the Icelandic Institute of Clinical Research and Collaborative Healthcare (Rannís) in 1995 to 2012 and the software and CEO of Taktikon Services in Iceland 1995 to 2014. Dr. Kristleifur is licensed as a practicing Pediatrician and Clinical Geneticist in the University hospital and private practice in Iceland from 1998 to 2012. He is the founder of Saranda Bio

Shares held in Össur

1,450

Olafur Gylfason
EVP of Sales & Marketing

Born in 1969

With Össur since the year 1997

Education

Master's degree in International Business Economics from Aalborg University in Denmark

Bachelor degree in Business Administration from Bifrost School of Business in Iceland

Experience

Olafur has been with Össur since 1997 from 2001-2015 as the Managing Director of EMEA and before that in emerging markets

Shares held in Össur

4,181

Sveinn Sölvason
Chief Financial Officer

Born in 1978

With Össur since the year 2006

Education

Master's degree in Finance and Accounting (Cand.Merc.FIR) from Copenhagen Business School

Bachelor degree in International Business from Copenhagen Business School

Board positions

Iceland Chamber of Commerce

Experience

Sveinn has been with Össur since 2006, previously as Director of Treasury and Corporate Development. Prior to joining Össur he worked at Marel, Kaupthing Bank, Straumur Securities and Hot Tomatoes

Shares held in Össur

25,050

Christian Robinson
EVP of Branding & Supports and Americas

Born in 1982

With Össur since the year 2012

Education

Juris Doctorate from Harvard Law School

Bachelor's Degree in English Literature from Brigham Young University

Board positions

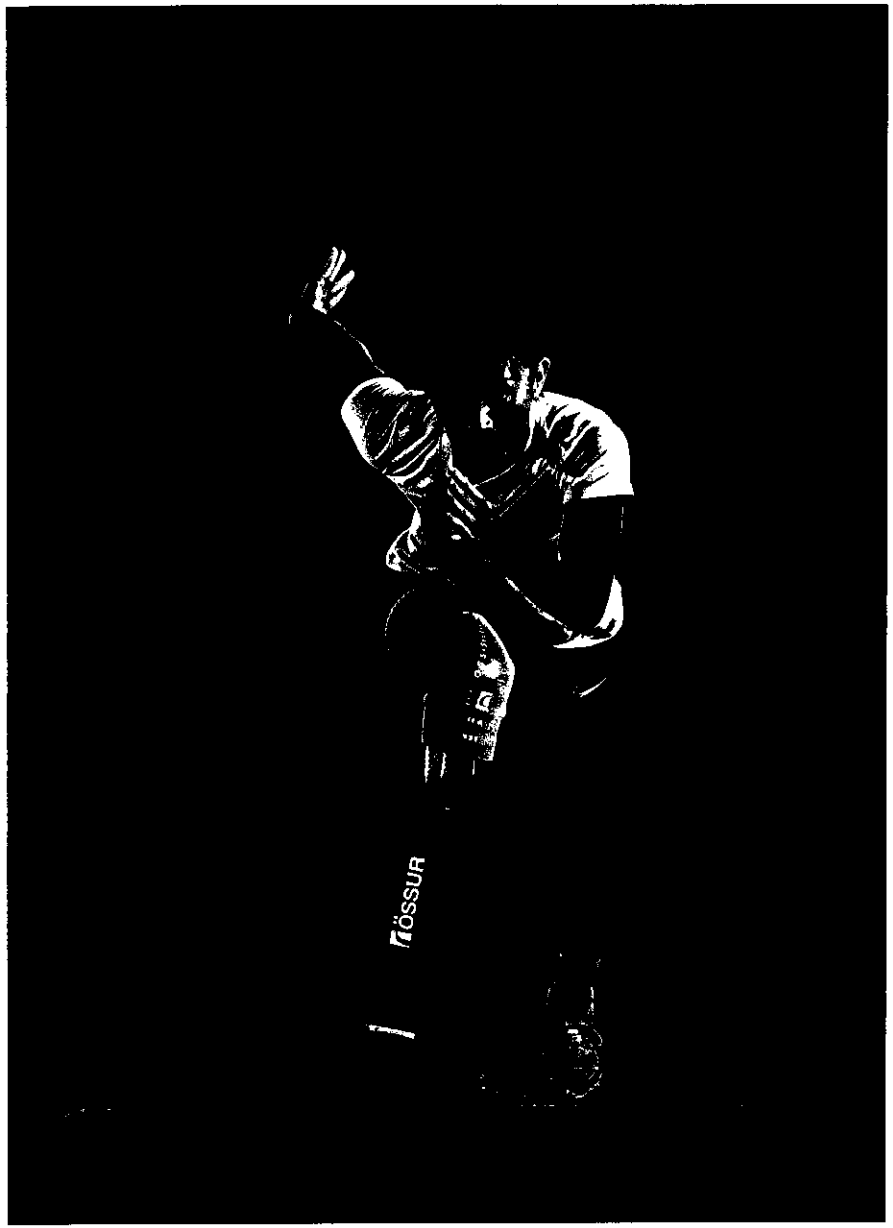
National Association for the Advancement of Orthotics and Prosthetics (NAAOP)

Experience

Since joining Össur in 2012, Christian has served in several roles, including General Counsel Americas, VP Finance Americas, and Managing Director Americas. Prior to joining Össur, he practiced corporate and transactional law with international law firm Paul Hastings LLP with a focus on M&A and capital markets

Shares held in Össur

600



ÖSSUR HF.
CONSOLIDATED FINANCIAL STATEMENTS
31 December 2020

ÖSSUR

Össur hf.

Consolidated Financial Statements

31.12.2020

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Statement by the Board of Directors and President and CEO

It is the opinion of the Board of Directors and the President and CEO of Össur hf. (the Company), that these Consolidated Financial Statements present the necessary information to evaluate the financial position of the Company at year end, the operating results for the year and financial developments during the year 2020. Össur Consolidated Financial Statements are prepared in accordance with International Financial Reporting Standards (IFRS) as adopted by the European Union and additional Danish disclosure requirements for listed companies and additional requirements in the Icelandic Financial Statement Act no. 3/2006.

Össur hf. designs, manufactures and sells orthopedic products specializing in prosthetics and bracing and supports solutions. The Company is headquartered in Iceland and the Company owns and operates subsidiaries in multiple countries around the world. The Company sells its products worldwide, but the principal market areas are North America and Europe.

A requirement to conclude on non-financial information has been made part of Icelandic law from 2016 as part of the implementation of EU directive 2013/34/EU that became effective for Member States in 2017. It is the Board of Directors opinion that necessary information to analyze the environmental, social and employee aspects of the business can be obtained by reviewing information in the Annual Report to help provide fundamental understanding of the Company's development, performance and position on non-financial matters. Össur joined the UN Global Compact in 2011 and signed the UN Women's Empowerment Principles in 2014. Annually, Össur publishes a progress report, reporting on the progress of key projects in the four categories set forth by the Global Compact; environmental concerns, labor practices, human rights and anti-corruption. Further information about Össur's corporate social responsibilities (CSR) activities can be found in the Annual Report and 2020 progress report, available on the Company's website: https://corporate.ossur.com/corporate/our-responsibility

The total sales of the Company amounted to USD 629.5 million (2019: USD 686.3 million) and decreased by 8% from the preceding year. Organic local currency sales decline was 10%. Net profit amounted to USD 7.9 million (2019: USD 68.9 million). Diluted Earnings per Share amounted to US cents 1.9 (2019: US cents 16.2.). Earnings before Interest, taxes, depreciation, impairment and amortization (EBITDA) amounted to USD 93.0 million (2019: USD 141.3 million).

The total assets of the Company amounted to USD 1,214.3 million at year end, liabilities were USD 637.1 million and equity was USD 577.2 million. The equity ratio at year end was 48%, (2019: 52%).

The Compeny employed on average 3,505 employees in 2020 (2019: 3,382) and 3,385 at year end (2019: 3,449).

Össur's shares are admitted to trading on the Nasdaq Copenhagen stock exchange. The market value of the Company at year end was USD 3,380 million (YE 2019: USD 3,340 million) and the share price in DKK decreased by 7,4% during the year. At year end, registered shareholders in Össur were 4,512 compared to 4,322 at the beginning of the year. It should be noted that due to the concentration of trading in Nasdaq Copenhagen in 2017, about 1,600 shareholders that held shares listed in Iceland were consolidated into a few nominee accounts. The ten largest shareholders and their ownership percentage are: William Demant Invest A/S - 51.8%, Islandsbanki Bank – 17.2% (nominee), Arbejdsmarkedets Tillaegspension (ATP) - 5.5%, State Street Bank – 4,8%, SEB Stockholm - 2.2% (nominee, of which the vast majority is held by Lannebo Fonder), Landsbankinn Bank - 2.1% (nominee), SEB SV SMABOL – 1,4%, Clearstream – 1.3% (nominee), Verdipapirfond Odin Norden – 1.1% and JP Morgan Bank - 1.1% (nominee). William Demant Invest A/S (WDI) ownership in Össur exceeded 50% in January 2018. According to WDI's announcement at the time, their intention is to hold 50-60% of Össur's shares going forward and WDI has no intention of taking over Össur or delisting Össur's shares from Nasdaq Copenhagen. Furthermore, WDI has no intention of making changes to Össur's strategy, management or operations.

In 2020, Össur acquired in total 1,295,450 shares at the average price of DKK 48.57. The share buyback programs are managed by Nordea, which make its trading decisions independently and without influence by the Company regarding

the timing of the purchases. The Company's purchases under the program are announced every Monday for the previous week. The purpose of the program is to reduce the Company's share capital and adjust the capital structure by distributing capital to shareholders in line with the Company's Capital Structure and Dividend Policy in addition to being able to meet the Company's share option obligations. It should be noted that the share buyback program was temporarily put on hold on 17 March 2020. Share options contracts amounting to 1,375,000 Össur shares were exercised during the year.

The Company follows the Danish Recommendations for Corporate Governance issued by the Danish Committee on Corporate Governance, available at: https://corporategovernance.dk/. The Board of Directors complies with the Articles of Association of the Company and the Board of Directors' Rules of Procedure, which address the Board's roles and responsibilities etc. The Board of Directors is composed of five members elected at each Annual General Meeting for a term of one year. The Board of Directors consists of two women and three men in compliance with Icelandic law on gender ratio. No Össur employee sits on the Board of Directors. The Audit Committee complies with the Committee's Rules of procedures, which address the Committee's roles and responsibilities etc. The Audit Committee is composed of three members elected by the Board. The CEO manages the Company's daily operations. The Board has approved an Equal Opportunity Policy that prohibits all discrimination. The policy is available on the Company's website: https://corporate.ossur.com/corporate/careers/equal-opportunity-policy - and reporting on the progress and objectives of the Policy is made in the Company's Corporate Social Responsibility report available on the Company's website: https://corporate.ossur.com/corporate/our-responsibility . The Board approves a corporate governance report that includes all the information to be included in the statutory statement referred to in Article 66 (c) of the Icelandic Financial Statement Act no. 3/2006, as well as explanations, comments and information on each recommendation in the Danish Recommendation for Corporate Governance. The report is available on the Company's website: https://corporate.ossur.com/corporate/investor-relations/corporate-governance

The Board of Directors will not propose to the Annual General Meeting in 2021 to reduce the share capital because the Company acquired a limited number of shares in 2020 and they will all be used to fulfill obligations under share option agreements that have vested or will be vesting in 2021. The Board of Directors will not propose to the Annual General Meeting in 2021 to pay cash dividend because the Company's level of interest-bearing debt to EBITDA is above the target range of 1.5-2.5x.

Össur's financials 2020 are affected by the Covid-19 world wide pandemic. Össur monitor the development of the COVID-19 pandemic closely with a primary focus on business continuity and the safety of employees and customers. Guidelines from local and global healthcare authorities are being followed.

Sales in 2020 have been negatively impacted in many of Össur's main markets as social distancing and lockdown measures were implemented. As a result, patient flow and referrals have been impacted with O&P clinics (Össur's main customers) subject to various operational challenges leading to reduced operational capacity, postponement of elective surgeries, and access restrictions in hospitals to non-essential care. The combination of these factors had a material short-term negative impact on demand. Some restrictions are still in place, but O&P clinics have gradually been increasing their operational capacity. O&P clinicians have started to be vaccinated in some regions where they work closely with hospitals. It should be noted that the long-term prospects or underlying fundamental drivers of the prosthetics and B&S markets are not expected to change. The impact from COVID-19 is expected to lead to some pent-up demand.

Further information can be found in notes in the Company's Consolidated Financial Statement.

The Board of Directors and President and CEO of Össur hf. hereby confirm the Consolidated Financial Statements of Össur for the year 2020 with their signatures.

Reykjavik, 2 February 2021

Board of Directors

Niels Jacobsen
Chairman of the Board

Arne Boye Nielsen

Kristján T. Ragnarsson

Guðbjörg Edda Eggertsdóttir

Svafa Grönfeldt

President and CEO

Jón Sigurðsson

To the Shareholders of Össur hf.

Opinion

We have audited the Consolidated Financial Statements of Össur hf. and its subsidiaries (the Company), which comprise the Consolidated Balance Sheet as at December 31, 2020, the Consolidated Income Statement, the Consolidated Statement of Comprehensive Income, the Consolidated Statement of Cash Flow, the Consolidated Statement of Changes in Equity for the year then ended, and the Notes to the Consolidated Financial Statements, including a summary of significant accounting policies.

In our opinion, the accompanying Consolidated Financial Statements give a true and fair view of the Company financial position at December 31, 2020, and its consolidated financial performance and its consolidated cash flows for the year then ended in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, additional Danish disclosure requirements for listed companies and additional requirements in the Icelandic Financial Statement Act no. 3/2006.

Our opinion in this report on the consolidated financial statements is consistent with the content of the additional report that has been submitted to the parent company's audit committee in accordance with the EU Audit Regulation 537/2014 Article 11.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are independent of the Company in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial statements in Iceland, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. This includes that, based on the best of our knowledge and belief, no prohibited services referred to in the EU Audit Regulation 537/2014 Article 5.1 has been provided to the audited company or, where applicable, its parent company or its controlled companies within the EU. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Key Audit Matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the Consolidated Financial Statements of the current period. These matters were addressed in the context of our audit of the Consolidated Financial Statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Impairment of goodwill

Book value of goodwill at year end amounted to 612 million. The change in goodwill consist of provisional additions due to current year acquisitions and adjustments to prior year provisional values amounting to 80.9 million, derecognition on disposal of subsidiary amounting to 5.2 million and currency difference gain amounting to 15.5 million. The management consider that each geographical segment constitutes its own cash generating unit ('CGU'). The key assumptions applied by the managements in the impairment reviews are segment specific discount rates; future revenue growth; and expected future margins. Determining whether the carrying value of goodwill is recoverable requires management to make significant estimates regarding the future cash flows, discount rates and long-term growth rates based on management's view of future business prospects. Determining whether the carrying value of goodwill is recoverable requires management to make significant estimates regarding the future cash flows, discount rates and long-term growth rates based on management's view of future business prospects.

Due to the relative sensitivity of certain inputs to the impairment testing process, in particular the future cash flows of the CGUs noted above, the valuation of goodwill is considered a key audit matter.

In order to address this key audit matter, we audited the assumptions used in the impairment model for goodwill. As part of our work, we engaged our internal specialists to assist with:

- Critically evaluating whether the model used by management to calculate the value in use of the individual Cash Generating Units (CGU's) complies with the requirements of IAS 36 Impairment of Assets.
- Validating the assumptions used to calculate the discount rates and recalculating these rates.
- Considering the projected future cash flows, understanding variances between the forecast and actual results for the year ended 31 December 2020 and comparing the forecast growth trends to historic trends.
- Comparing the long-term growth rates for each CGU to external market data.
- Evaluating the appropriateness of the sensitivity analysis applied by management to the impairment testing model including considering whether the scenarios reasonably represent possible changes in key assumptions.
- Performing further sensitivity analysis based on recent trading activity and our understanding of the future prospects to identify whether these scenarios could give rise to further impairment; and

Analysing the future projected cash flows used in the models to determine whether they are reasonable and supportable given the current macroeconomic climate and expected future performance of the CGU's.

We also reviewed the disclosures presented in note 14 to the Consolidated Financial Statements to confirm compliance with the requirements within IAS 36.

Other information

Management is responsible for other information. Other information consists of Statement by the Board of Directors and President and CEO. Our opinion on the Consolidation Financial Statements does not cover the other information and we do not express any form of assurance conclusion thereon except the confirmation regarding Statement of Board of Director and President and CEO as stated below. In connection with our audit of the Consolidated Financial Statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the information in the Consolidated Financial Statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

In accordance with Paragraph 2 article 104 of the Icelandic Financial Statement Act no. 3/2006, we confirm to the best of our knowledge that the accompanying report of the board of directors includes all information required by the Icelandic Financial Statement Act that is not disclosed elsewhere in the financial statements.

Responsibilities of management and those charged with governance for the consolidated financial statements

Management and those charged with governance is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with IFRS as adopted by the European Union, additional Danish disclosure requirements for listed companies and additional requirements in the Icelandic Financial Statement Act no. 3/2006, and for such internal control as management and those charged with governance determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the Consolidated Financial Statements, management and those charged with governance is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management and those charged with governance either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the Consolidated Financial Statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional scepticism throughout the audit. We are also:

- Identify and assess the risks of material misstatement of the Consolidated Financial Statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the Consolidated Financial Statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the Consolidated Financial Statements, including the disclosures, and whether the Consolidated Financial Statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Company to express an opinion on the Consolidated Financial Statements. We are responsible for the direction, supervision and performance of the Company audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the consolidated financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our

report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

In addition to our work as the auditors of Össur hf., Deloitte has provided the firm with permitted additional services such as other assurance engagements and consultation on tax matters. Deloitte has in place internal procedures in order to ensure its independence before acceptance of additional services. Össur hf. audit committee also has in place internal procedures to approve additional services before they commence. The audit committee also evaluates the independence of the company's auditors on yearly basis in order to ensure their independence and objectivity.

Deloitte was appointed auditor of Össur hf. by the general meeting of shareholders on 12 March 2020. Deloitte have been elected since the Company's founding in 1971.

Kópavogur, 2 February 2021

Deloitte ehf.

Eyþór Guðjónsson
State Authorized Public Accountant

Guðmundur Örn Árnason
State Authorized Public Accountant

ÖSSUR

Financial Highlights and Key Ratios

USD millions		2020	2019	2018	2017	2016
Income Statement						
Net sales		630	686	613	569	521
Gross profit		391	439	387	355	328
Operating expenses (excl. other income / exp.)		338	341	304	280	256
EBITDA		93	141	107	97	94
EBITDA before special items		93	150	115	103	98
EBIT		28	98	79	75	72
Net profit		8	69	80	58	51
Sales growth						
Sales growth USD	%	(8)	12	8	9	8
Growth breakdown:						
Organic growth in LCY	%	(10)	5	5	5	4
Currency effect	%	0	(4)	1	0	(1)
Acquired/divested business	%	2	11	2	4	5
Balance Sheet						
Total assets		1,214	1,091	914	793	746
Equity		577	569	538	500	467
Net interest-bearing debt (NIBD)		381	302	180	121	119
Cash Flow						
Cash generated by operations		119	120	92	90	88
Free cash flow		68	63	39	55	42
Key ratios						
Gross profit margin	%	62	64	63	62	63
EBIT margin	%	4	14	13	13	14
EBITDA margin	%	15	21	18	17	18
EBITDA margin before special items	%	15	22	19	18	19
Equity ratio	%	48	52	59	63	63
Net debt to EBITDA before special items		4.1	2.0	1.6	1.2	1.2
Effective tax rate	%	38	24	18	16	25
Return on equity	%	1	12	15	12	11
CAPEX / Net sales	%	3.8	4.6	5.0	3.4	4.7
Full time employees at period end		3,385	3,449	3,147	2,990	2,799
Full time employees on average		3,505	3,382	2,775	2,948	2,710
Market						
Market value of equity		3,380	3,340	2,055	1,871	1,582
Number of shares in millions		423	425	431	437	443
Diluted EPS in US cents		1.9	16.2	18.7	13.3	11.6

ÖSSUR

Consolidated Income Statement

All amounts in USD '000	Notes	2020	2019
Net sales	3	629,503	686,264
Cost of goods sold		(238,268)	(247,614)
Gross profit		**391,235**	**438,650**
Other income / (expenses)	6	(24,978)	196
Sales and marketing expenses		(229,285)	(233,746)
Research and development expenses		(31,018)	(31,326)
General and administrative expenses		(77,666)	(76,050)
Earnings before interest and tax (EBIT)		**28,288**	**97,724**
Financial income		1,230	1,405
Financial expenses		(10,918)	(10,129)
Net exchange rate difference		(5,880)	1,269
Net financial income / (expenses)	9	(15,568)	(7,455)
Earnings before tax (EBT)		**12,720**	**90,269**
Income tax	10	(4,799)	(21,395)
Net profit		**7,921**	**68,874**
Attributable to:			
Owners of the Company		6,214	66,040
Non-controlling interests		1,707	2,834
Net profit		**7,921**	**68,874**
Earnings per share	11		
Earnings per share (US cent)		1.9	16.3
Diluted earnings per share (US cent)		1.9	16.2

Consolidated Statement of Comprehensive Income

All amounts in USD '000	2020	2019
Net profit	7,921	68,874
Items that may be reclassified subsequently to profit or loss:		
Change in cash flow hedges	(400)	1,428
Exchange differences on translating foreign operations	10,521	(317)
Acc.transl.diff. reclassified to profit or loss on disposal of foreign operations	3,155	0
Income tax relating to components of other comprehensive income	1,989	(716)
Other comprehensive income, net of income tax	15,265	395
Total comprehensive income	23,186	69,269
Attributable to:		
Owners of the Company	21,479	66,435
Non-controlling interests	1,707	2,834
Total comprehensive income	23,186	69,269

Consolidated Balance Sheet

Assets

All amounts in USD '000	Notes	31.12.2020	31.12.2019
Property, plant and equipment	12	58,466	65,194
Right of use assets	13	112,909	98,218
Goodwill	14	612,191	521,046
Other intangible assets	15	59,502	62,658
Investment in associates	16	13,352	6,099
Other financial assets	17	3,941	2,998
Deferred tax assets	26	27,512	27,081
Non-current assets		887,873	783,294
Inventories	18	93,231	112,013
Accounts receivables	19	98,353	106,588
Other assets	20	32,511	30,168
Bank balances and cash equivalents	21	102,363	58,611
Current assets		326,458	307,380
Total assets		1,214,331	1,090,674

ÖSSUR

Consolidated Balance Sheet

Equity and liabilities

All amounts in USD '000	Notes	31.12.2020	31.12.2019
Issued capital and share premium	22	74,871	77,813
Reserves		(31,514)	(47,108)
Retained earnings		529,155	533,661
Equity attributable to owners of the Company		572,512	564,366
Non-controlling interest		4,678	4,590
Total equity		**577,190**	**568,956**
Borrowings	24	339,978	243,928
Lease liabilities	25	108,013	93,010
Deferred tax liabilities	26	26,053	29,670
Provisions	27	7,955	6,535
Deferred income	28	6,739	6,801
Other financial liabilities	29	1,098	698
Non-current liabilities		**489,836**	**380,642**
Borrowings	24	17,545	7,193
Lease liabilities	25	17,857	16,089
Accounts payable		20,024	26,675
Income tax payable		4,160	13,054
Provisions	27	11,369	9,438
Accrued salaries and related expenses		38,226	41,244
Other liabilities	31	38,124	27,383
Current liabilities		**147,305**	**141,076**
Total equity and liabilities		**1,214,331**	**1,090,674**

ÖSSUR

Consolidated Statement of Cash Flow

All amounts in USD '000	Notes	2020	2019
Earnings before interests and tax (EBIT)		28,288	97,724
Depreciation, amortization and impairment	12, 13, 14, 15	64,699	43,556
Change in inventories		12,750	(14,667)
Change in receivables		18,445	(11,226)
Change in payables		(7,905)	898
Other operating activities		2,259	3,694
Cash generated by operations		**118,536**	**119,979**
Interest received		1,086	1,533
Interest paid		(10,441)	(10,129)
Income tax paid		(16,940)	(16,104)
Net cash provided by operating activities		**92,241**	**95,279**
Purchase of fixed and intangible assets	12, 15	(24,022)	(31,850)
Acquisition / divestment of subsidiaries, net of cash in acq. entities	32	(76,286)	(30,447)
Dividend received		0	134
Other investing activities		(6,141)	(201)
Cash flows to investing activities		**(106,449)**	**(62,364)**
Proceeds from long-term borrowings		74,881	55,202
Repayments of long-term borrowings		(30,629)	(21,580)
Changes in revolving credit facility		23,421	(31,685)
Payment of dividends		(9,276)	(9,058)
Increase in subsidiaries that does not affect control		(2,546)	(258)
Dividends from subsidiaries paid to non-controlling interests		(48)	(1,318)
Change in treasury shares		(3,943)	(20,601)
Cash flows from / (to) financing activities		**51,860**	**(29,298)**
Net change in cash		37,652	3,617
Effects of exchange rate changes on:			
Balance of cash held in foreign currencies		1,965	(677)
Other items held in foreign currencies		4,135	(35)
Cash at beginning of period		58,611	55,706
Cash at end of period		**102,363**	**58,611**

ÖSSUR

Notes to the Consolidated Financial Statements

1. General information

Össur is a limited liability company incorporated and domiciled in Iceland. The address of its registered office is Grjothals 5, Reykjavik. Its ultimate controlling party is William Demant Invest A/S. The Consolidated Financial Statements of the Company as at and for the year ended 31 December 2020 comprise the Company and its subsidiaries (together referred to as "the Company" or "Össur").

The Company is a global orthopaedics company, specializing in the design, development, manufacturing and sales of prosthetics and bracing and supports products. The Company sells its products worldwide, but the principal market areas are North America and Europe.

The Consolidated Financial Statements are presented in US dollars and all values are rounded to the nearest thousand ('000), except when otherwise indicated. In preparing the Consolidated Financial Statements, the Company has applied the concept of materiality to the presentation and level of disclosure. It is the option of management that essential and mandatory information is disclosed which is relevant to an understanding by the reader of these Consolidated Financial Statements.

These Consolidated Financial Statements have been approved for issue by the Board of Directors and CEO on 2 February 2021. The Consolidated Financial Statements as presented in this report are subject to approval by the Annual General Meeting of Shareholders, to be held on 8 March 2021.

The Company is listed on the Nasdaq Copenhagen Stock Exchange.

2. Quarterly statements

		Unaudited			
	Full year	Q4	Q3	Q2	Q1
	2020	2020	2020	2020	2019
Net sales	629,503	169,571	171,786	134,553	153,593
Cost of goods sold	(238,268)	(60,230)	(63,857)	(56,391)	(57,750)
Gross profit	391,235	109,341	107,889	78,162	95,843
Gross profit margin	62%	64%	63%	58%	62%
Other income / (expenses)	(24,978)	(8,823)	(662)	(15,550)	57
Sales and marketing expenses	(229,285)	(59,664)	(57,689)	(53,525)	(58,407)
Research and development expenses	(31,018)	(8,435)	(7,731)	(7,429)	(7,423)
General and administrative expenses	(77,666)	(22,336)	(16,987)	(18,776)	(19,567)
EBIT	28,288	10,083	24,820	(17,118)	10,503
Net financial income / (expenses)	(9,688)	(2,303)	(2,603)	(2,710)	(2,072)
Net exchange rate difference	(5,880)	(4,073)	(1,905)	(842)	940
EBT	12,720	3,707	20,312	(20,670)	9,371
Income tax	(4,799)	190	(5,437)	2,774	(2,326)
Net profit / (loss)	7,921	3,897	14,875	(17,896)	7,045
EBITDA	92,987	23,644	35,549	12,060	21,734
EBITDA margin	15%	14%	21%	9%	14%

EBITDA is calculated as earnings before interest, taxes, depreciation, impairment and amortization. Financial items and share in net profit or loss of associated companies are not included in the EBITDA measurement.

Management monitors the performance measure EBITDA before special items, at a consolidated level and considers the measure relevant to an understanding of the Company's financial performance as it facilitates a better comparison of the Consolidated Income Statement between periods. Special items comprise material amounts of a non-recurring nature, such as costs relating to divestments, closure or restructuring, lawsuits, etc.

No special items are shown in 2020 despite cost related to divestments, acquisitions and legal settlements (USD 11 million) as this year's whole operation can be considered extraordinary due to COVID-19.

ÖSSUR

Consolidated Statement of Changes in Equity

All amounts in USD '000	Share capital	Share premium	Statutory reserve	Share option reserve	Fair value reserve	Translation reserve	Accumulated profits	Attributable to owners of the parent	Non-controlling interests	Total equity
Balance at 1 January 2019	4,811	88,956	1,267	3,285	(627)	(50,321)	487,090	534,461	3,076	537,537
Effect of implementation of IFRS 16							(7,797)	(7,797)		(7,797)
Adjusted balance at 1 January 2019	4,811	88,956	1,267	3,285	(627)	(50,321)	479,293	526,664	3,076	529,740
Net profit							66,040	66,040	2,834	68,874
Change in cash flow hedges					1,143			1,149		1,143
Transl. diff. of shares in subsidiaries						(748)		(748)		(748)
Total comprehensive income	0	0	0	0	1,143	(748)	66,040	66,435	2,834	68,269
Payment of dividends							(9,058)	(9,058)	(1,318)	(10,376)
Share option charge for the period	21	14,102		1,063				1,063		1,063
Share option vested during the period				(2,170)		(1,356)	9,597	9,597		9,597
Change in non-controlling interests							(258)	(258)	(2)	(260)
Purchase of treasury shares	(38)	(30,039)						(30,077)		(30,077)
Balance at 31 December 2019	4,794	73,019	1,267	3,178	516	(52,069)	533,663	564,366	4,590	568,956
Net profit							6,214	6,214	1,707	7,921
Change in cash flow hedges					(320)			(320)		(320)
Transl. diff. of shares in subsidiaries						12,430		12,430		12,430
Acc. transl. diff. reclassified to profit or loss on disposal of subsidiaries						3,155		3,155		3,155
Total comprehensive income	0	0	0	0	(320)	15,585	6,214	21,479	1,707	23,186
Payment of dividends							(9,276)	(9,276)	(49)	(9,324)
Share option charge for the period				1,321				1,321		1,321
Share option vested during the period	11	6,357		(992)				5,366		5,365
Change in non-controlling interests							(1,434)	(1,434)	(1,179)	(2,613)
Purchase of treasury shares	(10)	(9,299)						(9,309)		(9,309)
Minority interest arising on acquisition							0	0	(391)	(391)
Balance at 31 December 2020	4,795	70,077	1,267	2,507	196	(36,484)	529,156	572,512	4,678	577,190

It was 2016 the Icelandic Parliament passed a legal reform of the Icelandic Financial Statements Act no. 3/2006 which became effective on January 1, 2016. The implemented it that retained earnings are separated into two categories: restricted and unrestricted retained earnings. Unrestricted retained earnings consist of undistributed profits and losses accumulated by the Company's less inventory reserve and other restricted retained earnings categories. The amount of restricted retained earnings is USD 307 million at year end (2019: USD 309 million).

3. Net sales

	2020	2019
Specified according to geographical segments:		
Americas	307,135	327,503
EMEA	266,902	304,002
APAC	55,466	54,759
Total	**629,503**	**686,264**
Specified according to product lines:		
Prosthetics	372,058	378,072
Bracing and Supports	257,445	308,192
Total	**629,503**	**686,264**

All sales are from contracts with customers.

Timing of revenue recognition

Revenues from additional sold warranties and service checks included in standard warranties are released over warranty period. Refer to note 39.7 for accounting policy on revenue recognition and note 28 for breakdown of revenues recognised over time and amounts deferred and released during the year. All other revenues are released at point in time.

4. Segment information

Information reported to the President and CEO for the purposes of resource allocation and assessment of segment performance focuses on geographical markets from the location of customers. The geographical segments are EMEA (Europe Middle-East and Africa), Americas and APAC (Asia-Pacific).

2020	Americas	EMEA	APAC	Eliminations	Consolidated
Sales					
External sales	307,135	266,902	55,466	0	629,503
Inter-segment sales	90,941	360,397	8,625	(459,963)	(0)
Total sales	398,076	627,299	64,091	(459,963)	629,503
Results					
Segment results	5,878	14,920	7,489	0	28,288
Net financial income / (expenses)					(15,568)
EBT					12,720
Income tax					(4,799)
Net profit					**7,921**
Balance sheet 31.12.2020					
Assets					
Segment assets	616,806	539,113	58,412	0	1,214,331
Liabilities					
Segment liabilities	151,706	468,843	16,592	0	637,141
Other information 2020					
Capital additions	3,164	18,558	2,300	0	24,022
Depreciation and amortization	17,728	45,634	1,337	0	64,699

The majority of inter-segment sale prices are set using the Transactional Net Margin Method (TNMM).

2019	Americas	EMEA	APAC	Eliminations	Consolidated
Sales					
External sales	327,503	304,002	54,759	0	686,264
Inter-segment sales	105,717	405,428	8,900	(520,045)	0
Total sales	433,220	709,430	63,659	(520,045)	686,264
Results					
Segment results	43,710	43,356	10,657	0	97,724
Net financial income/(expenses)					(7,455)
EBT					90,269
Income tax					(21,395)
Net profit					**68,874**
Balance sheet 31.12.2019					
Assets					
Segment assets	588,071	451,795	50,808	0	1,090,674
Liabilities					
Segment liabilities	147,361	362,729	11,628	0	521,718
Other information 2019					
Capital additions	4,437	26,451	962	0	31,850
Depreciation, impairment and amortization	16,101	26,440	1,015	0	43,556

5. Sales and expenses split by main currencies

		2020			2019	
	LCY	USD	%	LCY	USD	%
Sales						
USD	293,548	293,548	47%	311,841	311,841	45%
EUR	120,125	136,888	22%	144,979	162,345	24%
ISK	277,592	2,056	0%	240,947	1,966	0%
Nordic curr. (SEK, NOK, DKK)		91,602	14%		96,374	14%
Other (GBP, AUD, CAD & Other)		105,409	17%		113,738	17%
Total		**629,503**	**100%**		**686,264**	**100%**
COGS and OPEX						
USD	293,249	293,249	49%	264,326	264,326	45%
EUR	103,458	117,080	19%	101,972	114,185	19%
ISK	8,176,402	60,642	10%	7,780,363	63,493	11%
Nordic curr. (SEK, NOK, DKK)		84,001	14%		85,345	15%
Other (GBP, MXN, CAD & Other)		46,244	8%		61,191	10%
Total		**601,215**	**100%**		**588,540**	**100%**

Currency split is derived by using best available information at each time.

6. Other income / (expenses)

Other income / (expenses) consists mainly of cost related to divestment of subsidiaries, as described in note 32.

7. Salaries

	2020	2019
Salaries	219,485	227,634
Salary-related expenses	49,258	51,087
	268,743	278,721

Included in salary-related expense are pension related expenses amounting to USD 14.0 million (2019: USD 14.8 million).

Full time employees (FTE) on average	3,505	3,382
Full time employees at period end	3,385	3,449

Salaries and salary-related expenses, classified by functional category:

	2020	2019
Cost of goods sold	65,201	70,041
Sales and marketing expenses	137,396	140,231
Research and development expenses	20,422	21,841
General and administrative expenses	45,724	46,607
	268,743	278,721

Management salaries and benefits

	Salaries		Shares owned [ii]	
Board of Directors:	2020	2019	2020	2019
Niels Jacobsen - Chairman of the Board[i]	100	97	219,493,992	219,493,992
Kristján Tómas Ragnarsson - Vice Chairman	60	58	0	0
Arne Boye Nielsen	40	39	0	0
Guðbjörg Edda Eggertsdóttir	40	39	26,318	26,318
Svafa Grönfeldt	40	39	0	0

The Board of Directors did not hold any share option contracts at the end of the current period nor at the end of the prior year period.

(i) Shares owned by William Demant Invest A/S which Niels Jacobsen represents on the Board. Niels and financially related parties own personally 203,330 shares (2019: 203,330 shares).
(ii) Shares owned are displayed in total number of owned shares, not rounded to the nearest thousand.

2020	Fixed base salary	Cash based incentive	Pension	Other benefits	Share based incentive	Total remuneration
Executive Management:						
Jón Sigurðsson President and CEO[i]	956	0	0	163	330	1,448
Executive management (7 people) [ii]	2,031	0	252	52	536	2,871
	2,987	0	252	214	866	4,319

2019	Fixed base salary	Cash based incentive	Pension	Other benefits	Share based incentive	Total remuneration
Executive Management:						
Jón Sigurðsson President and CEO[i]	1,083	289	0	177	145	1,694
Executive management (6 people) [ii]	2,020	236	218	107	514	3,096
	3,103	525	218	285	659	4,790

(i) Shares owned by Jón Sigurðsson 899,474 (2019: 525,540)
(ii) Shares owned by members of executive management at year end 918,759 (2019: 918,159).

8. Fees to auditors

	2020	2019
Audit of Financial Statements	1,459	1,489
Other services	592	726
	2,051	2,215

9. Financial income / (expenses)

	2020	2019
Interests on bank deposits	459	1,021
Share in profit of associated companies	290	258
Other financial income	481	126
Financial income	1,230	1,405
Interests on loans	(5,158)	(4,350)
Interest on leases	(4,453)	(3,984)
Other financial expenses	(1,307)	(1,795)
Financial expenses	(10,918)	(10,129)
Net exchange rate differences	(5,880)	1,269
Net financial expenses	(15,568)	(7,455)

Accumulated translation difference amounting to USD 3.2 million loss, relating to divestment of subsidiaries, has been reclassified from equity to net exchange difference.

10. Income tax

	2020	2019
Current tax expenses	(9,002)	(22,640)
Deferred tax expenses	4,203	1,245
	(4,799)	(21,395)

	2020		2019	
	Amount	%	Amount	%
Earnings before taxes	12,720		90,269	
Income tax calculated at 20%	(2,544)	20%	(18,054)	20%
Effect of different tax rates of other jurisdictions	224	(2%)	(3,692)	4%
Effect of non-deductible expenses / non-taxable income	(3,137)	25%	221	(0%)
Effect of change in tax rate	(41)	0%	(14)	0%
Other effects	699	(5%)	144	(0%)
	(4,799)	38%	(21,395)	24%

The 20% tax rate used for 2020 and 2019 in the above tax rate reconciliation is the statutory corporate income tax rate applicable to entities subject to tax in Iceland. Taxation for other jurisdictions is calculated at the rates prevailing in the respective jurisdictions.

Deferred tax:	2020	2019
Origination and reversal of temporary differences	4,162	1,259
Effect of changes in tax rate	41	(14)
	4,203	1,245

Deferred tax recognized in the Consolidated Income Statement:

2020	1.1.2020	Recognized in Income Statement	Recognized directly in equity	Acquisitions / disposals	Exc. rate difference	31.12.2020
Goodwill	(7,617)	(2,449)			(56)	(10,122)
Intangible assets	(9,638)	3,118		(1,133)	(257)	(7,910)
Property, plant and equipment	(2,888)	858		81	(30)	(1,979)
Tax loss carry forward	836	3,001		(1,051)	111	2,897
Inventories	5,818	(1,484)		(4)	7	4,337
Provisions	2,159	(46)		(8)	46	2,151
Current liabilities	3,996	182		643	(7)	4,814
Receivables	1,485	266		232	10	1,993
Other	3,260	757	1,559	(316)	18	5,278
Total	(2,589)	4,203	1,559	(1,556)	(158)	1,459

2019	1.1.2019	Recognized in Income Statement	Recognized directly in equity	Acquisitions / disposals	Exc. rate difference	31.12.2019
Goodwill	(5,554)	(2,079)			16	(7,617)
Intangible assets	(6,964)	(950)		(1,732)	8	(9,638)
Property, plant and equipment	(3,657)	762			7	(2,888)
Tax loss carry forward	709	307	(314)	135	(1)	836
Inventories	4,334	1,466			18	5,818
Provisions	1,651	499			9	2,159
Current liabilities	2,867	429		737	(37)	3,996
Receivables	832	694			(41)	1,485
Other	715	117	2,466		(38)	3,260
Total	(5,067)	1,245	2,152	(860)	(59)	(2,589)

The Company has unused tax losses available for which no deferred tax asset is recognized. At year end 2020 these unused tax losses amount to USD 15.1 million (2019: USD 5.3 million). Of this amount, USD 6.5 million of unused tax losses will expire in 5-10 years (2019: USD 3.3 million). The remaining tax losses carry an indefinite term.

11. Earnings per share

	2020	2019
Net profit	7,921	68,874
Total weighted average number of ordinary shares (in '000)	421,775	423,384
Total weighted avg. number of shares incl. potential shares (in '000)	422,725	424,571
Earnings per share (US cent)	1.9	16.3
Diluted earnings per share (US cent)	1.9	16.2

12. Property, plant and equipment

2020	Buildings & sites	Machinery & equipment	Fixtures & office equip.	Computer equipment	Total
Cost					
At 1 January	12,498	89,640	48,869	16,089	167,096
Additions	136	6,037	5,215	2,380	13,768
Acquired on acquisition of subsidiary	2,000	2,270	1,064	185	5,519
Exchange rate differences	619	1,726	1,524	530	4,399
Eliminated on disposal/divestment	(13,002)	(19,735)	(3,438)	(1,532)	(37,707)
Fully depreciated assets	0	(10,284)	(8,041)	(1,951)	(20,276)
At 31 December 2020	2,251	69,654	45,193	15,701	132,799
Depreciation					
At 1 January	9,563	55,610	26,445	10,283	101,901
Charge for the period	197	9,684	5,111	3,334	18,326
Exchange rate differences	453	1,322	832	361	2,968
Eliminated on disposal/divestment	(9,980)	(15,167)	(2,151)	(1,288)	(28,586)
Fully depreciated assets	0	(10,284)	(8,041)	(1,951)	(20,276)
At 31 December 2020	233	41,165	22,196	10,739	74,333
At 31 December 2020	**2,018**	**28,489**	**22,997**	**4,962**	**58,466**

Depreciation classified by functional category:	2020	2019
Cost of goods sold	9,925	9,303
Sales and marketing expenses	3,328	3,551
Research and development expenses	1,190	1,219
General and administrative expenses	3,883	3,423
Total	**18,326**	**17,496**

2019	Buildings & sites	Machinery & equipment	Fixtures & office equip.	Computer equipments	Total
Cost					
At 1 January	12,711	93,436	45,212	16,313	167,671
Reclassification	0	(1,734)	1,707	27	0
Additions	0	10,339	6,410	3,140	19,889
Acquired on acquisition of subsidiary	0	126	443	14	583
Exchange rate differences	(210)	(647)	(16)	(156)	(1,029)
Eliminated on disposal	(3)	(2,266)	(956)	(1,331)	(4,556)
Fully depreciated assets	0	(9,614)	(3,931)	(1,918)	(15,463)
At 31 December 2019	12,498	89,640	48,869	16,089	167,095
Depreciation					
At 1 January	9,464	59,532	25,043	10,600	104,639
Reclassification	0	(1,304)	1,266	38	0
Charge for the period	291	9,424	5,055	2,726	17,496
Exchange rate differences	(190)	(507)	(57)	146	(608)
Eliminated on disposal	(2)	(1,921)	(931)	(1,309)	(4,163)
Fully depreciated assets	0	(9,614)	(3,931)	(1,918)	(15,463)
At 31 December 2019	9,563	55,610	26,445	10,283	101,901
At 31 December 2019	**2,935**	**34,030**	**22,424**	**5,806**	**65,194**

None of the Company's property, plant and equipment are pledged. Major divestments are subject to bank approval.

13. Right of use assets

2020	Buildings & sites	Machinery & equipment	Total
Cost			
At 1 January	109,166	5,710	114,876
Additions	19,354	794	20,148
Acquired on acquisition of subsidiary	12,212	0	12,212
Exchange rate differences	4,620	511	5,131
Divestments	(4,029)	(1,219)	(5,248)
At 31 December 2020	141,323	5,796	147,119
Depreciation			
At 1 January	14,375	2,283	16,658
Charge for the period	16,545	1,910	18,455
Exchange rate differences	1,281	334	1,615
Divestments	(2,052)	(466)	(2,518)
At 31 December 2020	30,149	4,061	34,210
At 31 December 2020	**111,174**	**1,735**	**112,909**

Depreciation classified by functional category:	2020	2019
Cost of goods sold	7,381	6,625
Sales and marketing expenses	3,690	3,312
Research and development expenses	2,214	1,987
General and administrative expenses	5,170	4,654
Total	**18,455**	**16,578**

Amounts recognized in Income Statement:	2020	2019
Depreciation expense from right of use assets	18,455	16,578
Interest expense and exchange difference on lease liabilities	4,453	3,327
Short-term and low value lease expenses not included in lease liabilities	681	1,151
Total	**23,589**	**21,056**

2019	Buildings & sites	Machinery & equipment	Total
Cost			
At 1 January	84,144	4,316	88,460
Additions	18,802	1,466	20,268
Acquired on acquisition of subsidiary	8,065	0	8,065
Exchange rate differences	(1,845)	(72)	(1,917)
At 31 December 2019	109,168	5,710	114,876
Depreciation			
At 1 January	0	0	0
Charge for the period	14,306	2,272	16,578
Exchange rate differences	69	11	80
At 31 December 2019	14,375	2,283	16,658
At 31 December 2019	**94,791**	**3,427**	**98,218**

14. Goodwill

	2020	2019
At 1 January	521,046	500,842
Arising on acquisition of subsidiaries	87,733	30,098
Purchase price allocation	(6,815)	(8,093)
Exchange rate differences	15,474	(1,801)
Impairment	(5,247)	0
At 31 December	**612,191**	**521,046**

The initial accounting for the acquisitions has been provisionally determined at balance sheet date. The fair value of assets and liabilities related to recent acquisitions has been provisionally determined to be around USD 2 million based on management's best estimate. Fair value changes related to prior year acquisitions amounted to USD 1.7 million.

During the year, the Company assessed the recoverable amount of goodwill and determined that none of the Company's cash-generating units have suffered an impairment loss. The Company recognized USD 5.2 million impairment related to divestment of subsidiaries during the year, the impairment is shown as part of other income / (expenses) in the Income Statement 2020.

The carrying amount of goodwill was allocated to the following cash-generating units:

	WACC %	31.12.2020	31.12.2019
Americas	8.1 / 9.6	383,011	348,534
EMEA	8.1 / 8.8	211,652	156,442
APAC	9.0 / 9.9	17,528	16,070
Total		**612,191**	**521,046**

The recoverable amount of the cash-generating units is determined based on a value in use calculation which uses cash flow projections based on the financial forecast for 2021 approved by management and the Board of Directors. The discount rate of 8.1 - 9.0% (2019: 8.8 - 9.9%) per annum was used.

Cash flow projections in the forecast are based on the same expected gross margins and raw material prices throughout the period. Cash flows beyond 2025 have been extrapolated using a steady 2,5% per annum growth rate for all cash-generating units. This growth rate does not exceed the long-term average growth rate for the market in each market area. Management believes that any reasonable change in the key assumptions on which the recoverable amount is based would not cause the carrying amount to exceed its recoverable amount. Management believes that COVID-19 has only short-term impact on the Company's financials and does not expect changes in long-term market fundamentals.

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Notes to the Consolidated Financial Statements

15. Other intangible assets

2020	Cust./distrib. relationships	Patents	Trademarks	Software and other	Total
Cost					
At 1 January	42,983	16,257	13,806	48,073	121,119
Reclassification	699	0	0	(699)	0
Additions	30	517	36	1,876	2,459
Additions - internally generated	0	0	0	7,795	7,795
Acquired on acquisition of subsidiary	0	367	104	2,133	2,604
Purchase price allocation	4,789	1,223	1,028	0	7,040
Eliminated on disposal/divestment	(19)	(227)	(1,181)	(3,414)	(4,841)
Fully amortized assets	(10,568)	(301)	(11,974)	(11,671)	(34,514)
Exchange rate differences	2,112	527	757	424	3,820
At 31 December 2020	40,026	18,363	2,576	44,517	105,482
Amortization					
At 1 January	29,057	4,100	395	24,909	58,461
Reclassification	699	0	0	(699)	0
Charge for the period	4,225	1,060	134	5,925	11,344
Impairment	0	0	11,327	0	11,327
Eliminated on disposal/divestment	0	0	0	(3,309)	(3,309)
Fully amortized assets	(10,568)	(301)	(11,974)	(11,671)	(34,514)
Exchange rate differences	1,126	59	754	732	2,671
At 31 December 2020	24,539	4,918	636	15,887	45,980
At 31 December 2020	**15,487**	**13,445**	**1,940**	**28,630**	**59,502**

Amortization and impairment classified by functional category:	2020	2019
Cost of goods sold	144	814
Other income / (expenses)	11,327	0
Sales and marketing expenses	6,703	4,924
Research and development expenses	1,473	1,521
General and administrative expenses	3,024	2,223
Total	**22,671**	**9,482**

During the year management decided to divest the Gibaud SAS subsidiary. Following the decision the Gibaud trademark was impaired. The impairment is shown as part of other income / (expenses) in the Income Statement 2020.

2019	Cust./distrib relationships	Patents	Trademarks	Software and other	Total
Cost					
At 1 January	37,717	14,009	16,370	47,094	115,190
Additions	0	0	0	3,409	3,409
Additions - internally generated	0	0	0	8,552	8,552
Acquired on acquisition of subsidiary	0	2,461	0	4	2,465
Purchase price allocation	11,063	0	(2,366)	0	8,697
Fully amortized assets	(5,251)	(321)	0	(10,945)	(16,517)
Exchange rate differences	(546)	108	(198)	(41)	(677)
At 31 December 2019	42,983	16,257	13,806	48,073	121,119
Amortization					
At 1 January	31,218	3,508	334	31,020	66,080
Charge for the period	3,305	895	0	5,282	9,482
Fully amortized assets	(5,251)	(321)	0	(10,945)	(16,517)
Exchange rate differences	(215)	18	61	(448)	(584)
At 31 December 2019	29,057	4,100	395	24,909	58,461
At 31 December 2019	**13,926**	**12,157**	**13,411**	**23,164**	**62,658**

16. Investment in associates

	2020	2019
At 1 January	6,099	5,998
Additions due to acquisition	6,850	0
Share in net profit	290	258
Dividend received	0	(134)
Exchange rate differences	113	(23)
At 31 December	13,352	6,099

17. Other financial assets

	31.12.2020	31.12.2019
Restricted cash	421	1,185
Other financial assets	3,520	1,813
	3,941	2,998

18. Inventories

	31.12.2020	31.12.2019
Raw material	24,120	29,280
Work in progress	11,812	12,098
Finished goods	57,299	70,635
	93,231	112,013

Inventories of USD 13.5 million (2019: USD 14.1 million) are expected to be sold or used in production after more than twelve months.

In the preparation of the Consolidated Financial Statements, accumulated gains in inventories from intercompany transactions amounting to USD 24.3 million (2019: USD 27.9 million) were eliminated. This has an effect on the income tax expense of the consolidated companies, and an adjustment of USD 5.7 million (2019: USD 6.5 million) is made in the Consolidated Financial Statements to adjust income tax expense.

The cost of inventories recognized as an expense includes USD 2.1 million (2019: USD 2.0 million) in respect of write-downs of inventory to net realizable value. Reserve for obsolete inventories at year end is USD 5.5 million compared to USD 3.7 million in 2019.

19. Accounts receivables

	31.12.2020	31.12.2019
Nominal value	103,019	110,381
Allowances for doubtful accounts	(4,666)	(3,793)
	98,353	106,588

The average credit period on sales of goods is 46.9 days (2019: 46.4 days). Allowance has been made for doubtful accounts, this allowance has been determined by management in reference to future expectations. Management considers that the carrying amount of receivables approximates their fair value.

Movement in the allowance for doubtful accounts	2020	2019
At 1 January	(3,793)	(5,115)
Impairment (losses)/gains recognized on receivables	(1,397)	1,041
Amounts written off as uncollectable	561	258
Exchange rate difference	(37)	23
At 31 December	(4,666)	(3,793)

	31.12.2020				
Accounts receivables	Gross carrying amount at default	Expected credit loss rate	Collective allowance (lifetime ECL)	Individual allowance	Net carrying amount
Not past due	80,135	2.3%	1,828	0	78,307
Less than six months past due	18,127	4.0%	154	578	17,395
Six to twelve months past due	1,889	13.7%	234	25	1,630
More than twelve months past due	2,868	64.4%	1,679	168	1,021
	103,019		3,895	771	98,353

	31.12.2019		
Accounts receivables	Gross carrying amount at default	Allowance (lifetime ECL)	Net carrying amount
Not past due	73,252	223	73,029
Less than six months past due	33,497	335	33,162
Six to twelve months past due	957	560	397
More than twelve months past due	2,675	2,675	0
	110,381	3,793	106,588

The expected credit loss (ECL) on trade receivables is estimated using a provision matrix by reference to past default experience, general economic conditions and an assessment of both the current as well as expected conditions, including time value of money where appropriate. Individual allowance and adjustments to the collective bad debt provision are made based on the individual assessment of customers' situation and probability of incoming payments. Refer to note 39.17 for further details.

Due to the Covid-19 pandemic payment terms have been extended resulting in higher risk of bad debt. The expected credit loss rate was increased due to this uncertainty. The Company writes off a trade receivable when there is information indicating that the debtor is in severe financial difficulty and there is no realistic prospect of recovery, e.g. when the debtor has been placed under liquidation or has entered into bankruptcy proceedings.

20. Other assets

	31.12.2020	31.12.2019
Prepaid expenses	12,844	14,761
Receivables related to divestment of subsidiaries	10,924	0
VAT refundable	2,719	9,670
Other	6,024	5,737
	32,511	30,168

21. Bank balances and cash equivalents

	31.12.2020	31.12.2019
Bank accounts	102,236	58,290
Cash and other cash equivalents	127	321
	102,363	58,611

To mitigate the liquidity risk due to COVID-19, the Company secured additional financing of USD 225 million. At period end the Company had a total liquidity of USD 275.6 million, consisting of undrawn revolving credit facilities of USD 173.2 million (2019: USD 32.4 million) and cash and cash equivalents of USD 102.4 million.

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Notes to the Consolidated Financial Statements

22. Issued capital and share premium

Common stock is as follows in thousands of shares:

	Issued shares	Treasury shares	Total
Balance at 1 January 2019	430,808	(6,705)	424,103
Cancellation of own shares	(5,430)	5,430	0
Sold treasury shares		2,700	2,700
Purchased treasury shares		(4,785)	(4,785)
Balance at 31 December 2019	425,378	(3,360)	422,018
Cancellation of own shares	(2,378)	2,378	0
Sold treasury shares		1,375	1,375
Purchased treasury shares		(1,295)	(1,295)
Balance at 31 December 2020	423,000	(902)	422,098

In 2020, Össur acquired in total 1,295,450 shares at the average price of DKK 48.57 in the following share buyback programs:

	Start Date	End Date	Shares	Average Share Price
Aquired own shares	26 Nov 2019	14 Feb 2020	955,169	50.15
Aquired own shares	18 Feb 2020	17 Mar 2020	340,281	44.12
Total Össur shares aquired in 2020			1,295,450	48.57

The share buyback programs are managed by Nordea, which make its trading decisions independently and without influence by the Company regarding the timing of the purchases. The Company's purchases under the program are announced every Monday for the previous week. The purpose of the program is to reduce the Company's share capital and adjust the capital structure by distributing capital to shareholders in line with the Company's Capital Structure and Dividend Policy in addition to being able to meet the Company's share option obligations. It should be noted that the share buyback program was temporarily put on hold on 17 March 2020. Share options contracts amounting to 1,375,000 Össur shares were exercised during the year.

Movement in issued capital is as follows in USD thousands:

	Share capital	Share premium	Total
Balance at 1 January 2019	4,811	88,956	93,767
Sold treasury shares	21	14,102	14,123
Purchased treasury shares	(38)	(30,039)	(30,077)
Balance at 31 December 2019	4,794	73,019	77,813
Sold treasury shares	11	6,357	6,368
Purchased treasury shares	(10)	(9,299)	(9,309)
Balance at 31 December 2020	4,794	70,077	74,871

23. Share option contracts

The Company has in place a share option plan, approved at the Company's Annual General Meetings, under which managers may be granted options to purchase ordinary shares at an exercise price, determined by the average closing price on shares traded on the OMX Copenhagen stock exchange over the 20 trading days prior to the issue date. The employee must remain continuously employed with the Company until expiring date, either as an employee or in any other way, deemed satisfactory by the Company.

Each employee share option converts into one ordinary share on exercise. No amounts are paid or payable by the recipient to the Company on receipt of the option. The options carry neither rights to dividends nor voting rights and are valued using the Black-Scholes pricing model. The expected volatility assumptions used to value the options range from 30.67% to 31.25% and the annual discount rate range from -0.7% to -0.5%. The options expire one year after the exercise date. If a share option vests during a closed period for insider trading the vesting period is automatically extended until the next open window for insider trading.

The following share-based payment arrangements were in existence at balance sheet date:

	Number of shares	Grant/issue year	Exercise year	Exercise price (in DKK)	Fair value at grant date (in DKK)
Issued to Executive Management:					
Jón Sigurðsson President and CEO	1,000,000	2018 - 2020	2021 - 2023	27.7-46.3	28.0-47.5
Members of executive management (2 persons)	450,000	2017	2020	28.1	26.7
Members of executive management (5 persons)	550,000	2018	2021	28.5/27.7	27.7/28.0
Members of executive management (3 persons)	320,000	2019	2022	32.3/45.5	33.5/47.9
Members of executive management (4 persons)	550,000	2020	2023	38.5-46.3	38.6-47.5
	2,870,000				
Issued to management team:					
Three managers	125,000	2017	2020	26.6-30.0	28.4-29.9
Eleven managers	480,000	2018	2021	27.5-32.3	27.7-32.2
Eleven managers	338,000	2019	2022	32.3-49.8	33.5-52.3
Twenty-two managers	650,000	2020	2023	38.5-46.3	38.6-47.5
	1,593,000				
Total issued option contracts	**4,463,000**				

Movements in share options during the period:

	2020		2019	
	Number of shares	Weighted average contract rate (in DKK)	Number of shares	Weighted average contract rate (in DKK)
Outstanding at 1 January	3,971,000	29.6	6,013,000	25.6
Granted during period	1,867,000	42.9	768,000	41.4
Forfeited during period	0	0.0	(110,000)	45.5
Exercised during period	(1,375,000)	25.9	(2,700,000)	23.5
Outstanding at 31 December	**4,463,000**	**36.3**	**3,971,000**	**29.6**

Estimated remaining cost due to the share option contracts is USD 2.5 million. An expense of USD 1.3 million (2019: USD 1.1 million) is recognized in the Income Statement for the period. Exercise period of the share options contracts is 2021-2024.

24. Borrowings

	31.12.2020		31.12.2019	
	Current	Non-current	Current	Non-current
Loans in USD	0	99,016	1,262	29,556
Loans in EUR	17,545	125,066	5,931	128,284
Revolver in USD	0	30,000	0	53,000
Revolver in EUR	0	85,896	0	33,088
	17,545	**339,978**	**7,193**	**243,928**

The maturity of the revolving credit facility is Q1 2023. The Company has classified the revolving credit facility as non-current liability as the intention is to use it to finance further growth of the Company.

Aggregated maturities of borrowings are as follows:

	31.12.2020	31.12.2019
In 2021 / 2020	17,545	7,193
In 2022 / 2021	14,371	9,219
In 2023 / 2022	186,912	147,420
In 2024 / 2023	1,171	31,168
Later	137,524	56,121
	357,523	**251,121**

Össur has a multicurrency term and revolving credit facility with Nordea and Danske Bank with for a total amount of USD 344.7 million (USD 171.6 million outstanding and USD 173.2 million undrawn). In addition, the Company has two loans with the Nordic Investment Bank for a total amount of USD 102 million and one loan with the European Investment Bank for a total amount of USD 75 million. All loans contain covenants that place various financial and operational restrictions on the Company and are in line with market standards for investment grade rated companies. In order to meet any possible covenant breaches due to COVID-19, the Company put in place a covenant amendment with all its lenders that is in effect throughout 2021. Current weighted average interest terms on floating rate loans are <110 bps +LIBOR/EURIBOR, changing in line with financial leverage.

The table below shows how cash and non-cash changes affect borrowings within the Company.

			Non-cash changes			
	31.12.2019	Cash flows	Acquisition	Exchange rate	Transaction cost	31.12.2020
Borrowings	251,121	84,716	5,429	17,016	(760)	357,523

25. Lease liabilities

	31.12.2020		2019	
	Current	Non-current	Current	Non-current
Lease Liabilities in USD	6,290	45,696	5,010	44,137
Lease Liabilities in EUR	4,697	16,668	4,072	14,555
Lease Liabilities in other currencies	6,870	45,649	7,007	34,318
Total	**17,857**	**108,013**	**16,089**	**93,010**

Aggregated maturities of lease liabilities are as follows:	31.12.2020	2019
In 2021 / 2020	17,857	16,089
In 2022 / 2021	17,508	15,155
In 2023 / 2022	16,574	13,802
In 2024 / 2023	15,771	13,019
Later	58,160	51,034
Total	**125,870**	**109,099**

26. Deferred tax asset / (liability)

	2020	2019
At beginning of period	(2,589)	(5,067)
Income tax payable for the period	9,002	22,640
Calculated tax for the period	(4,799)	(21,395)
Arising on acquisition of a subsidiary	(1,556)	(860)
Recognized directly through equity	1,559	2,152
Exchange rate differences	(158)	(59)
At 31 December	**1,459**	**(2,589)**
Deferred tax in the Balance Sheet:		
Deferred tax asset	27,512	27,081
Deferred tax liabilities	(26,053)	(29,670)
	1,459	**(2,589)**

The following are the major deferred tax liabilities and assets recognized:

31.12.2020	Assets	Liabilities	Net
Goodwill	5,747	(15,869)	(10,122)
Intangible assets	2,281	(10,191)	(7,910)
Property, plant and equipment	453	(2,432)	(1,979)
Tax loss carry forward	3,032	(135)	2,897
Inventories	4,873	(536)	4,337
Provisions	2,151	0	2,151
Current liabilities	5,087	(273)	4,814
Receivables	1,993	0	1,993
Other	5,318	(40)	5,278
Total tax assets / (liabilities)	30,935	(29,476)	1,459
Tax asset and liabilities offsetting	(3,423)	3,423	0
	27,512	**(26,053)**	**1,459**

31.12.2019	Assets	Liabilities	Net
Goodwill	5,724	(13,341)	(7,617)
Intangible assets	1,425	(11,063)	(9,638)
Property, plant and equipment	387	(3,275)	(2,888)
Tax loss carry forward	836	0	836
Inventories	6,036	(218)	5,818
Provisions	2,217	(58)	2,159
Current liabilities	5,628	(1,632)	3,996
Receivables	1,564	(79)	1,485
Other	3,850	(590)	3,260
Total tax assets / (liabilities)	27,667	(30,256)	(2,589)
Tax asset and liabilities offsetting	(586)	586	0
	27,081	**(29,670)**	**(2,589)**

27. Provisions

2020	Warranty provisions	Other provisions	Total
At 1 January	5,522	10,451	15,973
Additional provision recognized	5,120	7,751	12,871
Utilization of provision	(4,186)	(5,573)	(9,759)
Exchange rate differences	16	223	239
At 31 December 2020	**6,472**	**12,852**	**19,324**
Non-current	3,116	4,840	7,955
Current	3,357	8,013	11,369
At 31 December 2020	**6,472**	**12,852**	**19,324**

2019	Warranty provisions	Other provisions	Total
At 1 January	6,245	7,454	13,699
Additional provision recognized	7,105	7,816	14,921
Utilization of provision	(7,846)	(4,771)	(12,617)
Exchange rate differences	18	(48)	(30)
At 31 December 2019	**5,522**	**10,451**	**15,973**
Non-current	2,776	3,759	6,535
Current	2,746	6,692	9,438
At 31 December 2019	**5,522**	**10,451**	**15,973**

The warranty provision represents management's best estimate of the Company's liability under warranties granted on prosthetic products, based on past experience.

Other provisions represents earn outs related to acquisitions and divestments of companies and restructuring provisions.

28. Deferred income

	2020	2019
At 1 January	8,917	5,183
Deferred income	3,789	6,660
Released from deferred income	(3,331)	(2,880)
Exchange rate differences	459	(46)
At 31 December	**9,834**	**8,917**
Non-current	6,739	6,801
Current	3,095	2,116
At 31 December	**9,834**	**8,917**

Deferred income relates to sale of additional warranty for prosthetic products and service checks included in standard warranty. Income from additional warranty is deferred when sold and released on a straight line basis within the warranty period. Income from service checks is deferred when sold and released when the service has been rendered. Additional warranties range from 2-6 years.

29. Other financial liabilities

Other financial liabilities consist of fair value of hedge contracts and fair value of a purchase option of minority shares amounting to USD 1.1 million (2019: USD 0.7 million).

30. Related party transactions

Balances and transactions between the Company and its subsidiaries, which are related parties of the Company, have been eliminated in consolidation and are not disclosed in this note.

The Company engages in transactions with some of its associated companies and other related parties. The transactions consist of, among others, sale of Össur products where commercial terms and market prices apply.

One of the Company's distribution companies in the US was sold at the end of the year to associated company.

Transactions and balances with related parties:

	2020	2019
Sales of products	867	873
Purchases	2,188	1,883
Receivables at 31 December	848	422

For disclosures relating to key management positions, refer to note 7.

31. Other liabilities

	31.12.2020	31.12.2019
Accrued expenses	17,771	13,513
Sales tax and VAT	4,686	4,144
Deferred income	3,095	2,116
Sales return accrual	1,943	1,840
Other	10,629	5,770
	38,124	27,383

32. Business combinations

Acquisition of subsidiaries

Össur made acquisitions during 2020 to strengthen the Company's sales channels. One of the companies has minority shareholders but the others were acquired in full. In the Income Statement of the year 2020, sales amounting to USD 11.9 million and net profit of USD 0.9 million were related to these acquisitions. USD 0.8 million was expensed in relation to the acquisitions during the year and classified as general and administrative expenses in the Income Statement.

The purchase price allocation (PPA) for assets and liabilities acquired in 2019 was finalized during 2020. The initial accounting for the acquisitions at yearend 2020 has been provisionally determined at balance sheet date. The PPA will be finalized in 2021.

The total PPA amounted to USD 6.8 million, mainly related to intangible assets. Amortization of intangibles relating to the PPA was recognized in the Income Statement for USD 0.2 million during 2020.

2020

Assets acquired and liabilities recognized at the date of acquisition:	Book value at acquisition date: Americas	EMEA	Total	Fair value changes	Total fair value
Current assets	12,010	18,872	30,882	561	31,443
Non-current assets	3,523	5,215	8,738	7,040	15,778
Non-current liability	0	(15,648)	(15,648)	(786)	(16,434)
Current liabilities	(5,339)	(9,820)	(15,159)	0	(15,159)
Non controlling interest	0	391	391	0	391
	10,194	(990)	9,204	6,815	16,019
Consideration					96,937
Book value of identifiable net assets acquired					(9,204)
Fair value of identifiable net assets acquired					(6,815)
Goodwill arising on acquisition					80,918
Consideration					96,937
Deferred payment					-2,394
Cash from acquired companies					-11,943
Consideration shown in Cash flow					82,600

Össur made acquisitions during 2019 to strengthen the Company's sales channels. One of the companies has minority shareholders but the others were acquired in full. In the Income Statement of the year 2019, sales amounting to USD 8 million and net profit of USD 1.5 million were related to these acquisitions. USD 1.7 million was expensed as special items in relation to the acquisitions during the year and classified as general and administrative expenses in the Income Statement.

2019

Assets acquired and liabilities recognized at the date of acquisition:	Book value at acquisition date Americas	EMEA	Total	Fair value changes	Total fair value
Current assets	4,517	2,317	6,834	623	7,457
Non-current assets	617	2,567	3,184	8,533	11,717
Non-current liability	(145)	(105)	(250)	(1,063)	(1,313)
Current liabilities	(1,909)	(1,415)	(3,324)	0	(3,324)
Non controlling interest	0	(226)	(226)	0	(226)
	3,080	3,138	6,218	8,093	14,311

Consideration	36,316
Book value of identifiable net assets acquired	(6,218)
Fair value of identifiable net assets acquired	(8,093)
Goodwill arising on acquisition	**22,005**

Consideration	36,316
Deferred payment	(5,115)
Cash from acquired companies	(754)
Consideration shown in Cash flow	**30,447**

In 2020 the Company finalized the purchase price allocation (PPA) relating to acquisitions done in 2019 resulting in fair value changes of 1.7 million, mainly relating to fair value recognition of other intangible assets.

Divestment of subsidiaries

Össur divested subsidiaries during 2020 to sharpen the focus and align with Bracing and Support go-to market strategy.

In the Income Statement of the year 2020, sales amounting to USD 51.5 million were related to these divestments. Contribution to net profit from the divested subsidiaries was negative during the year.

2020

Assets and liabilities disposed at the date of divestment:	Book value at divestment date
Current assets	44,458
Non-current assets	11,206
Non-current liability	(1,741)
Current liabilities	(22,735)
	31,188
Loss on disposal	(5,369)
Total consideration	**25,820**
Cash and cash equivalents	11,980
Deferred payment	13,840
Total consideration	**25,820**
Consideration received in cash and cash equivalents	11,980
Less cash and cash equivalents disposed of	(5,667)
Consideration shown in cashflow	**6,314**

Assets eliminated and impairment related to divestments USD 17.8 million and cost related to divestment USD 5.1 million are shown as part of other income / (expenses) in the Income Statement 2020.

There were no disposals of subsidiaries made in 2019.

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Notes to the Consolidated Financial Statements

33. Financial instruments

33.1 Capital risk management

The Company manages capital to ensure that affiliates within the consolidation will be able to continue as a going concern while maximizing the return to stakeholders through the optimization of the debt and equity balance. The Company's overall strategy remains unchanged from 2019.

The capital structure of the Company consists of debt, which includes the borrowings disclosed in note 24, cash and cash equivalents and equity attributable to equity holders of the parent, comprising issued capital, reserves and retained earnings as disclosed in the equity overview.

Net debt to EBITDA before special items ratio

Company's management continuously reviews the capital structure. As a part of this review, the management considers, amongst other, the cost of capital and net debt to EBITDA before special items.

The net debt to EBITDA before special items at period end was as follows:

	31.12.2020	31.12.2019
Net debt	381,030	301,609
EBITDA before special items	92,987	149,622
Net debt/EBITDA before special items	**4.1**	**2.0**

33.2 Significant accounting policies

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognized, in respect of each class of financial asset, financial liability and equity instrument are disclosed in note 39 to the Consolidated Financial Statements.

33.3 Financial risk management objectives

The Company's Corporate Finance function provides services to the business, coordinates access to domestic and international financial markets, monitors and manages the financial risks relating to the operations of the Company through internal risk reports which analyze exposures by degree and magnitude of risks. These risks include liquidity risk, interest rate risk, foreign exchange risk and counterparty credit risk.

The general policy is to apply natural hedging to the extent possible but Össur has decided to amend its hedging policy and allow for active hedging of currency exposure that is not covered by the natural hedge in sales and costs by currency. The use of financial derivatives is governed by the Company's policies approved by the Board of Directors, which provide written principles on foreign exchange risk, interest rate risk, credit risk, the use of financial derivatives and non-derivative financial instruments and the investment of excess liquidity. The Company does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Company is exposed to normal business risk in collecting accounts receivable. Adequate allowance is made for bad debt expenses.

33.4 Foreign currency risk management

The Company operates on a global market, hence exposure to exchange rate fluctuations arises. Exchange rate exposures are managed within approved policy parameters. The general policy is to apply natural exchange rate hedging to the extent possible.

Össur currently uses a twelve month, quarterly layered hedging strategy to limit ISK and EUR exposure. This is done with forward currency contracts where Össur sells EUR for ISK. At each balance sheet date Össur has outstanding contracts covering appr. 50% of yearly ISK costs. Due to the layered approach, hedge ratio of closed contracts is approximately 80% of ISK costs. At balance sheet date eleven forward contracts are open. The fair value of the contracts is positive of USD 0.1 million at year end 2020.

The carrying amounts of the Company's foreign currency denominated monetary assets and monetary liabilities at the reporting date are as follows:

	Liabilities		Assets	
	31.12.2020	31.12.2019	31.12.2020	31.12.2019
EUR	266,675	208,171	64,731	36,392
USD	222,452	170,490	100,274	93,710
ISK	30,292	29,118	12,699	12,285
SEK	26,634	27,414	13,075	13,260
GBP	5,565	5,115	8,772	7,368
Other	32,310	28,266	37,616	35,349
	583,928	468,576	237,168	198,365

Foreign currency sensitivity analysis

The Company is mainly exposed to the fluctuation of the Iceland (ISK) and the Eurozone (EUR) currency.

The following table details the Company's sensitivity to a 10% decrease in USD against the relevant foreign currencies with all other variables fixed. The sensitivity analysis includes all foreign currency denominated items and adjusts their translation at the period end for a 10% change in foreign currency rates. The table below indicates the effect on profit or loss and other equity where USD weakens 10% against the relevant currency. For a 10% strengthening of USD against the relevant currency, there would be an equal and opposite impact on the profit or loss and other equity.

	EUR [i]		ISK [ii]	
	2020	2019	2020	2019
Net profit	1,236	3,709	(3,628)	(4,730)
Equity	(1,248)	576	(2,136)	(746)

(i) 20% (2019: 19%) of the Company's COGS and OPEX is in EUR against 22% (2019: 24%) of its sales causing an increase in profit if the USD decreases against the EUR.

(ii) 10% (2019: 11%) of the Company's COGS and OPEX is in ISK against 0.3% (2019: 0.3%) of its sales causing a decrease in profits if the USD decreases against the ISK.

The Company is hedging approximately 80% of its ISK exposure using forward currency contracts. This is not considered in the above calculations.

ÖSSUR

Notes to the Consolidated Financial Statements

33.5 Interest rate risk management

The Company is exposed to interest rate risks as funds are borrowed at floating interest rates. Interest rate risk is managed by the Company's Treasury function and fixed rate loans or interest rate swap contracts may be used to maintain an appropriate mix between fixed and floating rate borrowings. Hedging activities are evaluated regularly to align with interest rate views and defined risk appetite, ensuring optimal hedging strategies are applied. The Company did not have interest rate swap agreements outstanding during the year.

The Company's exposures to interest rates on financial assets and financial liabilities are detailed in the liquidity risk management section of this note.

Management believes that realistic changes in floating interest rates will not materially affect the Income Statement or the Company's equity.

33.6 Liquidity risk management

The Company manages liquidity risk by maintaining adequate reserves, banking facilities and reserve borrowing facilities, by monitoring forecast and actual cash flows and matching the maturity profiles of financial assets and liabilities. To mitigate the liquidity risk due to COVID-19, the Company secured additional financing of USD 225 million. At period end the Company had a total liquidity of USD 275.6 million, consisting of undrawn revolving credit facilities of USD 173.2 million (2019: USD 32.4 million) and cash and cash equivalents of USD 102.4 million.

The following tables detail the Company's remaining contractual maturity for its non-derivative financial liabilities. The tables have been drawn up based on the undiscounted cash flows of financial liabilities based on the earliest date on which the Company can be required to pay. The table includes both interest and principal cash flows.

	Weighted average effective interest	Less than 1 year	1-5 years	5+ years	Total
31.12.2020					
Borrowings	1.6%	23,687	353,105	72	376,864
Lease liabilities	4.0%	22,874	77,950	45,978	146,802
Non-interest bearing liabilities	-	96,373	11,410	0	107,784
		142,935	442,465	46,050	631,450
31.12.2019					
Borrowings	1.9%	12,300	255,822	0	268,122
Lease liabilities	3.95%	20,401	67,155	39,826	127,382
Non-interest bearing liabilities	-	95,303	8,393	0	103,696
		128,004	331,370	39,826	499,200

33.7 Credit risk management

The Company does not undertake trading activity in financial instruments.

Accounts receivables consist of a large number of customers spread across geographical areas. Ongoing credit evaluation is performed on the financial condition of accounts receivables. Refer to note 19 for assessment of expected credit loss (ECL) and accounting policy on impairment on financial assets.

Book value of financial assets measured at amortized cost represents the maximum exposure to credit risk.

33.8 Fair value of financial instruments

Except as detailed in the following table, management considers that the carrying amounts of financial assets and financial liabilities recognized in the Consolidated Financial Statements approximate their fair values.

	31.12.2020		31.12.2019	
	Carrying amount	Fair value	Carrying amount	Fair value
Financial liabilities:				
Borrowings	357,523	359,041	251,121	251,879

34. Litigation

In November 2019, Vincent Systems GmbH ("Vincent Systems") filed a patent infringement action against Össur in the US. Vincent Systems contended that Össur willfully infringed a US patent by selling certain products, including i-Digits and i-Limb prosthetic hands. The litigation was settled in Q3 2020.

35. Other information

Unusual conditions caused by the Covid-19 pandemic are resulting in uncertainty in the Company's economic environment and are impacting the financial performance of the Company. It is, however, the opinion of the Company's management that this does not effect the Company's ability to continue operating on a going concern basis. Management believes that COVID-19 has only short-term impact on the Company's financials and does not changes in long-term market fundamentals.

36. The Consolidation

Information about the main composition of the Company at the end of the reporting period is as follows:

Name of company	Place of registration and operation	Ownership %	Principal activity
APC Prosthetics PTY Ltd	Australia	100%	Sales, distribution and services
Össur Americas Inc	USA	100%	Sales, R&D, distribution and services
Össur Australia PTY Ltd	Australia	100%	Sales, distribution and services
Össur Canada Inc	Canada	100%	Sales, distribution and services
College Park Industries, Inc	USA	100%	Sales, distribution and manufacturer
OCH Ortopedi AS	Norway	100%	Sales, distribution and services
Ortos A/S	Denmark	100%	Sales, distribution and services
Össur Deutschland GmbH	Germany	100%	Sales, distribution and services
Össur Europe BV	Netherlands	100%	Sales, distribution and services
Össur France Sarl	France	100%	Sales, distribution and services
Össur Hong Kong Ltd	Hong Kong	100%	Sales, distribution and services
Össur Iceland ehf	Iceland	100%	R&D and manufacturer
Össur Mexico S. de R.L. de C.V.	Mexico	100%	Manufacturer
Össur Nordic AB	Sweden	100%	Sales, distribution and services
Össur Prosth. & Rehabilition Co Ltd	China	100%	Sales, distribution and services
Össur UK Ltd	UK	100%	Sales, distribution and services
TeamOlmed AB	Sweden	100%	Sales, distribution and services
Touch Bionics Ltd	UK	100%	Manufacturer and R&D

At end of September 2020 Össur completed the divestment of Gibaud SAS in France. Gibaud and Össur will continue to be business partners for a selected B&S product range.

Touch Bionics Ltd, Össur UK ltd and UK Holding ltd. are claiming exemption from preparing individual audited accounts based on section 479A of the UK Companies Act 2006.

37. Insurance

	31.12.2020		31.12.2019	
	Insurance value	Book value	Insurance value	Book value
Fixed assets and inventories	244,239	157,196	233,914	180,934

The Company has purchased a Property Damage & Business Interruption insurance intended to compensate for damages on owned property and temporary loss of income due to such loss. Additionally Össur has numerous insurances in place as are necessary to insure against the risks to its operations, including but not limited to product and professional liability insurance, product recall insurance, directors & officers liability and certain types of frauds towards the company.

38. Adoption of new and revised standards

38.1 New and amended IFRS standards that are effective for the current year

The following amendments to IFRS standards became mandatorily effective in the current year. The application of the below amendments has minor effects on the Consolidated Financial Statements:

- Amendments to IFRS 3 - Business Combination, Definition of a business;

- Amendments to IAS 1 - Presentation of Financial Statements & IAS 8 - Accounting Policies, Change in Accounting Estimates and Errors, Definition of 'Material'

38.2 New and revised IFRS standards in issue but not yet effective

At the date of authorization of these Financial Statements, the Company has not applied new and revised IFRS standards that have been issued but are not yet effective.

Management of the Company does not expect that the adoption of the standards will have a material impact on the Financial Statements of the Company in future periods.

39. Summary of Significant Accounting Policies

39.1 Statement of compliance

The Consolidated Financial Statements have been prepared in accordance with International Financial Reporting Standards as adopted by the European Union, additional Danish disclosure requirements for listed companies and additional requirements in the Icelandic Financial Statement Act no. 3/2006.

39.2 Basis of preparation

The Consolidated Financial Statements have been prepared under the historical cost basis except for certain financial instruments that are measured at fair values. Historical cost is generally based on the fair value of the consideration given in exchange for assets. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, regardless of whether that price is directly observable or estimated using another valuation technique. In estimating the fair value of an asset or a liability, the Company considers the characteristics of the asset or liability as market participants would take those characteristics into account when pricing the asset or liability at the measurement date. Fair value for measurement and/or disclosure purposes in these Consolidated Financial Statements is determined on such a basis, except for share-based payment transactions that are within the scope of IFRS 2 and measurements that have some similarities to fair value but are not fair value, such as net realizable value of inventories in IAS 2 or value of assets in use in IAS 36.

39.3 Basis of consolidation

The Consolidated Financial Statements incorporate the financial statements of the Company and entities controlled by the Company and its subsidiaries. Control is achieved when the Company:
- has power over the investee;
- is exposed, or has rights, to variable returns from its involvement with the investee; and
- can use its power to affect its returns.

The Company reassesses whether it controls an investee if facts and circumstances indicate that there are changes to one or more of the three elements of control listed above.
When the Company has less than a majority of the voting rights of an investee, it has power over the investee when the voting rights are sufficient to give it the practical ability to direct the relevant activities of the investee unilaterally. The Company considers all relevant facts and circumstances in assessing whether the Company's voting rights in an investee are sufficient to give it power, including:

- the size of the Company's holding of voting rights relative to the size and dispersion of holdings of the other vote holders;
- potential voting rights held by the Company, other vote holders or other parties;
- rights arising from other contractual arrangements; and
- any additional facts and circumstances that indicate that the Company has, or does not have, the current ability to direct the relevant activities at the time that decisions need to be made, including voting patterns at previous shareholders' meetings.

Consolidation of a subsidiary begins when the Company obtains control over the subsidiary and ceases when the Company loses control of the subsidiary. Specifically, income and expenses of a subsidiary acquired or disposed of during the year are included in the consolidated statement of profit or loss and other comprehensive income from the date the Company gains control until the date when the Company ceases to control the subsidiary.

Profit or loss and each component of other comprehensive income are attributed to the owners of the Company and to the non-controlling interests. When necessary, adjustments are made to the financial statements of subsidiaries to bring their accounting policies in line with the Company's accounting policies. All intercompany assets and liabilities, equity, income, expenses and cash flows relating to transactions between members of the Company are eliminated in full on consolidation.

Changes in the Company's ownership interests in subsidiaries that do not result in the Company losing control over the subsidiaries are accounted for as equity transactions. The carrying amounts of the Company's interests and the non-controlling interests are adjusted to reflect the changes in their relative interests in the subsidiaries. Any difference between the amount by which the non-controlling interests are adjusted and the fair value of the consideration paid or received is recognized directly in equity and attributed to owners of the Company.

39.4 Business combination

Acquisitions of businesses are accounted for using the acquisition method. The consideration transferred in a business combination is measured at fair value, which is calculated as the sum of the acquisition-date fair values of the assets transferred by the Company, liabilities incurred by the Company to the former owners of the acquiree and the equity interests issued by the Company in exchange for control of the acquiree. Acquisition-related costs are recognized in profit or loss as incurred.

The acquiree's identifiable assets, liabilities and contingent liabilities that meet the conditions for recognition under IFRS 3 are recognized at their fair value at the acquisition date, except that:
- deferred tax assets or liabilities and liabilities or assets related to employee benefit arrangements are recognized and measured in accordance with IAS 12 Income Taxes and IAS 19 Employee Benefits respectively;
- liabilities or equity instruments related to share-based payment arrangements of the acquiree or share-based payment arrangements of the Company entered into to replace share-based payment arrangements of the acquiree are measured in accordance with IFRS 2 Share-based Payment at the acquisition date;
- assets (or disposal groups) that are classified as held for sale in accordance with IFRS 5 Non-current Assets Held for Sale and Discontinued Operations are measured in accordance with that standard.

Goodwill arising on acquisition is recognized as an asset and initially measured at cost, being the excess of the purchase price of the business combination over the Company's interest in the net fair value of the identifiable assets, liabilities, contingent liabilities, the amount of any non-controlling interests in the acquiree, and the fair value of the acquirer's previously held equity interest in the acquiree. If, after reassessment, the Company's interest in the net fair value of the acquiree's identifiable assets, liabilities and contingent liabilities exceeds the cost of the business combination, the excess is recognized immediately in profit or loss. Non-controlling interests that are present ownership interests and entitle their holders to a proportionate share of the entity's net assets in the event of liquidation may be initially measured either at fair value or at the non-controlling interests' proportionate share of the recognized amounts of the acquiree's identifiable net assets. The choice of measurement basis is made on a transaction-by-transaction basis. Other types of non-controlling interests are measured at fair value or, when applicable, on the basis specified in another IFRS.

When the consideration transferred by the Company in a business combination includes assets or liabilities resulting from a contingent consideration arrangement, the contingent consideration is measured at its acquisition-date fair value and included as part of the consideration transferred in a business combination. Changes in the fair value of the contingent consideration that qualify as measurement period adjustments are adjusted retrospectively, with corresponding adjustments against goodwill. Measurement period adjustments are adjustments that arise from additional information obtained during the 'measurement period' about facts and circumstances that existed at the acquisition date.
The subsequent accounting for changes in the fair value of the contingent consideration that do not qualify as measurement period adjustments depends on how the contingent consideration is classified. Contingent consideration that is classified as equity is not remeasured at subsequent reporting dates and its subsequent settlement is accounted for within equity. Contingent consideration that is classified as an asset or a liability is remeasured at subsequent reporting dates in accordance with IFRS 9, or IAS 37 Provisions, Contingent Liabilities and Contingent Assets, as appropriate, with the corresponding gain or loss being recognized in profit or loss.

If the initial accounting for a business combination is incomplete by the end of the reporting period in which the combination occurs, the Company reports provisional amounts for the items for which the accounting is incomplete. Those provisional amounts are adjusted during the measurement period (see below), or additional assets or liabilities are recognized, to reflect new information obtained about facts and circumstances that existed at the acquisition date that, if known, would have affected the amounts recognized at that date.

When a business combination is achieved in stages, the Company's previously held equity interest in the acquire is remeasured to fair value at the acquisition date (i.e., the date when the Company obtains control) and the resulting gain or loss, if any, is recognized in profit or loss. Amounts arising from interests in the acquire prior to the acquisition date that have previously been recognized in other comprehensive income are reclassified to profit or loss where such treatment would be appropriate if that interest were disposed of.

The measurement period is the period from the date of acquisition to the date the Company obtains complete information about facts and circumstances that existed as of the acquisition date – and is subject to a maximum of one year.

39.5 Investments in associates

An associate is an entity over which the Company has significant influence. Significant influence is the power to participate in the financial and operating policy decisions of the investee but is not control or joint control over those policies.
The results, assets and liabilities of associates are incorporated in the Consolidated Financial Statements using the equity method of accounting. Under the equity method, investments in associates are initially recognized in the balance sheet and adjusted for post-acquisition changes in the Company's share of the net assets of the associate, less any impairment in the value of individual investments. Losses of an associate more than the Company's interest in that associate are recognized only to the extent that the Company has incurred legal or constructive obligations or made payments on behalf of the associate.

Any excess of the cost of acquisition over the Company's share of the net fair value of the identifiable assets, liabilities and contingent liabilities of the associate recognized at the date of acquisition is recognized as goodwill. The goodwill is included within the carrying amount of the investment and is assessed for impairment as part of that investment. Any excess of the Company's share of the net fair value of the identifiable assets, liabilities and contingent liabilities over the cost of acquisition, after reassessment, is recognized immediately in profit or loss.

The requirements of IAS 36 are applied to determine whether it is necessary to recognize any impairment loss with respect to the Company's investment in an associate. When necessary, the entire carrying amount of the investment (including goodwill) is tested for impairment in accordance with IAS 36 Impairment of Assets as a single asset by comparing its recoverable amount (higher of value in use and fair value less costs of disposal) with its carrying amount. Any impairment loss recognized forms part of the carrying amount of the investment. Any reversal of that impairment loss is recognized in accordance with IAS 36 to the extent that the recoverable amount of the investment subsequently increases

Upon loss of significant influence over the associate, the Company measures and recognizes any retained investment at its fair value. Any difference between the carrying amount of the associate upon loss of significant influence and the fair value of the retained investment and proceeds from disposal is recognized in profit or loss.

39.6 Goodwill

Goodwill is initially recognized as an asset at cost and is subsequently measured at cost less any accumulated impairment losses.

Goodwill is not amortized but is reviewed for impairment at least annually. For impairment testing, goodwill is allocated to each of the Company's cash-generating units expected to benefit from the synergies of the combination. Cash-generating units to which goodwill has been allocated are tested for impairment annually, or more frequently when there is an indication that the unit may be impaired. If the recoverable amount of the cash-generating unit is less than its carrying amount, the impairment loss is allocated first to reduce the carrying amount of any goodwill allocated to the unit and then to the other assets of the unit pro-rata on the basis of the carrying amount of each asset in the unit. Any impairment loss for goodwill is recognized directly in profit or loss in the Consolidated Income Statement. An impairment loss recognized for goodwill is not reversed in a subsequent period.

On disposal of the relevant cash-generating unit, the attributable amount of goodwill is included in the determination of the profit or loss on disposal.

The Company's policy for goodwill arising on the acquisition of an associate is described at 39.5 above.

39.7 Revenue recognition

Revenue is measured at the fair value of the consideration received or receivable. Revenue is reduced for estimated customer returns, rebates and other similar allowances.

Sale of goods and services

The Company sells Bracing and Support products and Prosthetics products and related services both as wholesaler and directly to customers through its own distribution channels.

Revenue is recognized for the sale of products including standard warranty when control of the goods has transferred. Control is considered transferred when the goods have been shipped or directly delivered to retail customer. Following shipment, it is considered that our customers have full discretion over the manner of distribution and price to sell the goods, have the primary responsibility when selling the goods, and bear the risks of obsolescence and loss in relation to the goods. A receivable is recognized by the Company when the goods are shipped to the customer as this represents the point in time at which the right to consideration becomes unconditional, as only the passage of time is required before payment is due. Sales related standard warranties serve as an assurance that the products sold comply with agreed-upon specifications, those warranties are accounted for in accordance with IAS 37 Provisions.

For some Prosthetics products, a service check is included in the standard warranty and is treated as a distinct service and is accounted for as a separate performance obligation. The customer has an option to purchase an additional warranty which is treated as a distinct service because the Company promises to provide the service to the customer in addition to the product and the standard warranty. That warranty is accounted for as a separate performance obligation. Revenues from the sale of additional warranties are deferred when sold and released on a straight-line basis within the warranty period. Revenues from service checks included in the standard warranty are deferred when sold and released when the service has been rendered or the service obligation has ended. Deferred revenues are shown separately within liabilities in the Balance sheet

Under the Company's standard contract terms, customers have a right of return within 30-90 days. At the point of sale, a refund liability and a corresponding adjustment to revenue is recognized for those products expected to be returned.

The Company uses its accumulated historical experience to estimate the number of returns on a portfolio level using the expected value method. It is considered highly unlikely that a significant reversal in the cumulative revenue recognized will occur given the consistent level of returns over previous years.

Royalties

Royalty revenue is recognized on an accrual basis in accordance with the substance of the relevant agreement. Royalties determined on a time basis are recognized on a straight-line basis over the period of the agreement. Royalty arrangements that are based on production, sales, and other measures are recognized by reference to the underlying arrangement (provided that it is probable that the economic benefits will flow to the Company and the amount of revenue can be measured reliably).

Interest revenue and dividend

Interest income from a financial asset is recognized when it is probable that the economic benefits will flow to the Company and the amount of income can be measured reliably. Interest income is accrued on a time basis, by reference to the principal outstanding and at the effective interest rate applicable, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to that asset's net carrying amount on initial recognition. Dividend income from investments is recognized when the shareholder's right to receive payment has been established.

39.8 Right of use asset and lease liabilities

The Company assesses whether a contract is or contains a lease, at inception of the contract. The Company recognizes a right of use asset and a corresponding lease liability with respect to all lease arrangements in which it is the lessee, except for short-term leases (defined as leases with a lease term of 12 months or less) and leases of low value assets. For these leases, the Company recognizes the lease payments as an operating expense on a straight-line basis over the term of the lease unless another systematic basis is more representative of the time pattern in which economic benefits from the leased assets are consumed.

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the Company uses its incremental borrowing rate. The lease payments included in the measurement of the lease liability comprise fixed payments less any incentives, variable lease payments that depend on an index or rate, expected residual guarantees and the exercise price of purchase options if the Company expects to exercise the option.

The lease liability is subsequently measured by increasing the carrying amount to reflect interest on the lease liability (using the effective interest method) and by reducing the carrying amount to reflect the lease payments made. The Company remeasures the lease liability if the lease term has changed, when lease payments changes in an index or rate or when a lease contract is modified, and the modification is not accounted for as a separate lease.

Right of use assets are depreciated over the shorter period of lease term and useful life of the underlying asset. If a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Company expects to exercise a purchase option, the related right-of-use asset is depreciated over the useful life of the underlying asset. The depreciation starts at the commencement date of the lease.

Variable rents that depend on usage are not included in the measurement of the lease liability and the right of use asset. The related payments are recognized as an expense in the period in which the event or condition that triggers those payments occurs.

As a practical expedient, IFRS 16 permits a lessee not to separate non-lease components, and instead account for any lease and associated non-lease components as a single arrangement. The Company has used this practical expedient.

39.9 Foreign currencies

For consolidation purposes, the assets and liabilities of the Company's foreign operations are expressed in USD using exchange rates prevailing at the balance sheet date.
Income and expense items are translated at the average exchange rates for each month. Exchange differences arising, if any, are classified as equity and transferred to the Company's translation reserve (attributed to non-controlling interests as appropriate).

Goodwill and fair value adjustments arising on the acquisition of a foreign operation are treated as assets and liabilities of the foreign operation and translated at the closing rate. Exchange differences arising, if any, are recognized in equity.

Exchange differences are recognized in the Income Statement in the period they occur, except for exchange differences on monetary items receivable from or payable to a foreign operation, which are recognized initially in other comprehensive income and reclassified from equity to profit or loss on repayment of the monetary items.

Transactions in currencies other than local currency are initially recorded at the rates of exchange prevailing on the dates of the transactions. Other assets, such as inventories and operating fixed assets, purchased in foreign currencies are to be valued at cost at the exchange rate prevailing on the date of the transaction.

39.10 Share-based payments

Equity-settled share-based payments to employees and others providing similar services are measured at the fair value of the equity instruments at the grant date. Details regarding the determination of the fair value of equity-settled share-based transactions are set out in note 23.

The fair value determined at the grant date of the equity-settled share-based payments is expensed on a straight-line basis over the vesting period, based on the Company's estimate of equity instruments that will eventually vest, with a corresponding increase in equity. At the end of each reporting period, the Company revises its estimate of the number of equity instruments expected to vest. The impact of the revision of the original estimates, if any, is recognized in profit or loss such that the cumulative expense reflects the revised estimate, with a corresponding adjustment to the equity-settled employee benefits reserve.

39.11 Taxation

Income tax expense represents the sum of the tax currently payable and deferrad tax.

Current tax

The tax currently payable is based on taxable profit for the period. Taxable profit differs from net profit as reported in the Consolidated Income Statement because it excludes items of income or expense that are taxable or deductible in other periods and it further excludes items that are never taxable or deductible. The Company's current tax is calculated using tax rates that have been enacted or substantively enacted by the end of the reporting period.

Deferred tax

Deferred tax is recognized on temporary differences between the carrying amounts of assets and liabilities in the Consolidated Financial Statements and the corresponding tax bases used in the computation of taxable profit. Deferred tax liabilities are generally recognized for all taxable temporary differences. Deferred tax assets are generally recognized for all deductible temporary differences to the extent that it is probable that taxable profits will be available against which those deductible temporary differences can be utilized. Such deferred tax assets and liabilities are not recognized if the temporary difference arises from goodwill or from the initial recognition (other than in a business combination) of other assets and liabilities in a transaction that affects neither the taxable profit nor the accounting profit.

Deferred tax liabilities are recognized for taxable temporary differences associated with investments in subsidiaries, except where the Company is able to control the reversal of the temporary difference and it is probable that the temporary difference will not reverse in the foreseeable future. Deferred tax assets arising from deductible temporary differences associated with such investments and interests are only recognized to the extent that it is probable that there will be sufficient taxable profits against which to utilize the benefits of the temporary differences and they are expected to reverse in the foreseeable future.

The carrying amount of deferred tax assets is reviewed at each balance sheet date and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered.

Deferred tax assets and liabilities are measured at the tax rates that are expected to apply in the period in which the liability is settled or the asset realized, based on tax rates (and tax laws) that have been enacted or substantively enacted at the balance sheet date. The measurement of deferred tax liabilities and assets reflects the tax consequences that would follow from the manner in which the Company expects, at the reporting date, to recover or settle the carrying amount of its assets and liabilities.

Deferred tax assets and liabilities are offset when there is a legally enforceable right to set off current tax assets against current tax liabilities and when they relate to income taxes levied by the same taxation authority and the Company intends to settle its current tax assets and liabilities on a net basis.

In the preparation of the Consolidated Financial Statements, accumulated gains in inventories from intercompany transactions are eliminated. This influences the income tax expenses of the consolidated companies, and an adjustment is included in the deferred tax asset. Income tax expense is calculated in accordance with tax rates in the countries where the inventories are purchased.

Current and deferred tax for the year

Current and deferred tax are recognized in profit or loss, except when they relate to items that are recognized in Other Comprehensive Income or directly in equity, in which case, the current and deferred tax are also recognized in Other Comprehensive Income or directly in equity respectively. Where current tax or deferred tax arises from the initial accounting for a business combination, the tax effect is included in the accounting for the business combination.

39.12 Property, plant and equipment

Property, plant and equipment are recognized as an asset when it is probable that future economic benefits associated with the asset will flow to the Company and the cost of the asset can be measured in a reliable manner.

Property, plant and equipment which qualify for recognition as an asset are initially measured at cost. The cost of a property, plant and equipment comprises its purchase price and any directly attributable cost of bringing the asset to working condition for its intended use.

The depreciable amount of the asset is allocated on a straight-line basis over its useful life. The depreciation charge for each period is recognized as an expense. The estimated useful lives, residual values and depreciation method are reviewed at each balance sheet date, with the effect of any changes in estimate accounted for on a prospective basis.

The following useful lives are used in the calculation of depreciation:

Buildings & sites	25 - 50 years
Machinery and equipment	5 - 10 years
Fixtures and office equipment	3 - 10 years
Computer equipment	2 - 5 years

The gain or loss arising on the disposal or retirement of an asset is determined as the difference between the sales proceeds and the carrying amount of the asset at the date of the sale transaction and is recognized in the Consolidated Income Statement.

39.13 Intangible assets

Intangible assets acquired separately

Intangible assets with finite useful life are reported at cost less accumulated amortization and accumulated impairment losses. Amortization is allocated on a straight-line basis over their estimated useful lives. The estimated useful life and amortization method are reviewed at the end of each balance sheet date, with the effect of any changes in estimate being accounted for on a prospective basis. Intangible assets with indefinite useful lives are carried at cost less accumulated impairment losses.

Intangible assets with finite useful lives are amortized on a straight- line basis over their useful lives.

The following useful lives are used in the calculation of amortization:

Customer and distribution relationships	4 - 10 years
Patents	5 – 50 years
Trademarks	3 – infinitive
Software and other	2 - 10 years

Internally generated intangible assets

Expenditure on research activities is recognized as an expense in the period in which it is incurred.

An internally-generated intangible asset arising from the Company's development is recognized only if all of the following conditions are met: the technical feasibility of completing the intangible asset so that it will be available for use or sale; the intention to complete the intangible asset and use or sell it; the ability to use or sell the intangible asset; the intangible asset will generate probable future economic benefits; the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset and the ability to measure reliably the expenditure attributable to the intangible asset during its development.

The amount initially recognized for internally generated intangible assets is the sum of the expenditure incurred from the date when the intangible asset first meets the recognition criteria listed above. Where internally generated intangible asset cannot be recognized, development expenditure is charged to profit or loss in the period in which it is incurred.

After initial recognition, internally generated intangible assets are reported at cost less accumulated amortization and accumulated impairment losses, on the same basis as intangible assets acquired separately.

Intangible assets acquired in a business combination

Intangible assets acquired in a business combination are identified and recognized separately from goodwill where they satisfy the definition of an intangible asset and their fair values can be measured reliably. The cost of such intangible assets is their fair value at the acquisition date.

After initial recognition, intangible assets acquired in a business combination are reported at cost less accumulated amortization and accumulated impairment losses, on the same basis as intangible assets acquired separately.

Derecognition of intangible assets

An intangible asset is derecognized on disposal, or when no future economic benefits are expected from use or disposal. Gains or losses arising from derecognition of an intangible asset, measured as the difference between the net disposal proceeds and the carrying amount of the asset, are recognized in profit or loss when the asset is derecognized.

39.14 Impairment of tangible and intangible assets excluding goodwill

At each balance sheet date, the Company reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated to determine the extent of the impairment loss. Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs. Where a reasonable and consistent basis of allocation can be identified, assets are also allocated to individual cash-generating units, or otherwise they are allocated to the smallest group of cash-generating units for which a reasonable and consistent allocation basis can be identified.

Intangible assets with indefinite useful lives and intangible assets not yet available for use are tested for impairment annually, and whenever there is an indication that the asset may be impaired.

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (cash-generating unit) is reduced to its recoverable amount. An impairment loss is recognized immediately in profit or loss.

39.15 Inventories

Inventories are stated at the lower of cost and net realizable value. Costs, including an appropriate portion of fixed and variable overhead expenses, are assigned to inventories held by the method most appropriate to the class of inventory, with the majority being valued on a standard cost basis. Net realizable value represents the estimated selling price for inventories less all estimated costs of completion and costs necessary to make the sale.

39.16 Provisions

Provisions are recognized when the Company has a present obligation as a result of a past event, it is probable that the Company will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

The amount recognized as a provision is the best estimate of the consideration required to settle the present obligation at the balance sheet date, considering the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognized as an asset if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

Warranties

Warranty provision includes expected warranty costs for products sold with standard warranty and are recognized at the date of sale of the relevant products, at management's best estimate of the expenditure required to settle the Company's obligation.

Other

Other provisions are mainly related to restructuring and earnouts related to acquisitions of companies. Restructuring provision is recognized when the Company has developed a detailed formal plan for the restructuring and has started to implement it or announcing its main features to those affected by it. The measurement of a restructuring provision

includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with the ongoing activities of the entity.

39.17 Financial instruments

Financial assets and financial liabilities are recognized in the Company's Balance Sheet when the Company becomes a party to the contractual provisions of the instrument. Financial assets and financial liabilities are initially measured at fair value. Transaction costs that are directly attributable to the acquisition or issue of financial assets and financial liabilities (other than financial assets and financial liabilities at fair value through profit or loss) are added to or deducted from the fair value of the financial assets or financial liabilities, as appropriate, on initial recognition. Transaction costs directly attributable to the acquisition of financial assets or financial liabilities at fair value through profit or loss are recognized immediately in profit or loss.

Effective interest method

The effective interest method is a method of calculating the amortized cost of a debt instrument and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts (including all fees on points paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the debt instrument or, where appropriate, a shorter period to the net carrying amount on initial recognition.

Income is recognized on an effective interest basis for debt instruments other than those financial assets classified as at fair value through profit or loss (FVTPL).

Financial assets

All regular way purchases or sales of financial assets are recognized and derecognized on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace. All recognized financial assets are measured subsequently in their entirety at either amortized cost or fair value, depending on the of the financial assets.

Classification of financial assets

Debt instruments that meet the following conditions are measured subsequently at amortized cost:
- the financial asset is held within a business model whose objective is to hold financial assets to collect contractual cash flows; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Financial assets that do not meet the criteria for being measured at amortized cost are measured at FVTPL. Financial assets at FVTPL are measured at fair value at the end of each reporting period, with any fair value gains or losses recognized in profit or loss to the extent they are not part of a designated hedging relationship. The net gain or loss recognized in profit or loss includes any dividend or interest earned on the financial asset. Fair value is determined in the manner described in note 39.2.

Impairment of financial assets

The Company recognizes a loss allowance for expected credit losses on investments in debt instruments that are measured at amortized cost and account receivables. The amount of expected credit loss is updated at each reporting date to reflect changes in credit risk from initial recognition of the respective financial instrument. The Company measures the collective allowance for trade receivables at an amount equal to lifetime expected credit loss (ECL). The expected credit loss on trade receivables is estimated using a provision matrix by reference to past default experience, general economic conditions and an assessment of both the current as well as expected conditions, including time value of money where appropriate. Individual allowance and adjustments to the collective bad debt provision are made based

on the individual assessment of customers' situation and probability of incoming payments. As the Company's historical credit loss experience does not show significantly different loss patterns for different customer segments, the provision for loss allowance based on past due status is not further distinguished between the Company's different customer segments.

A financial asset is credit-impaired when one or more events that have a detrimental impact on the estimated future cash flows of that financial asset have occurred. Evidence that a financial asset is credit-impaired includes observable data about significant financial difficulty of the borrower. An allowance for credit-impaired financial assets is measured on an individual basis.

The Company writes off a financial asset when there is information indicating that the debtor is in severe financial difficulty and there is no realistic prospect of recovery, e.g., when the debtor has been placed under liquidation or has entered into bankruptcy proceedings. Financial assets written off may still be subject to enforcement activities under the Company's recovery procedures, taking into account legal advice where appropriate. Any recoveries made are recognized in profit or loss.

Derecognition of financial assets

The Company derecognizes a financial asset only when the contractual rights to the cash flows from the asset expire, or when it transfers the financial asset and substantially all the risks and rewards of ownership of the asset to another entity.

On derecognition of a financial asset, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognized in profit or loss.

Financial liabilities

All financial liabilities are measured subsequently at amortized cost using the effective interest method or at FVTPL.

Financial liabilties are classified as at FVTPL when the financial liability is (i) contingent consideration of an acquirer in a business combination, (ii) held for trading or (iii) it is designated as at FVTPL.

A financial liability is classified as held for trading if:
- it has been acquired principally for the purpose of repurchasing it in the near term; or
- on initial recognition it is part of a portfolio of identified financial instruments that the Company manages together and has a recent actual pattern of short-term profit-taking; or
- it is a derivative, except for a derivative that is a financial guarantee contract or a designated and effective hedging instrument.

Derecognition of financial liabilities

The Company derecognizes financial liabilities when, and only when, the Company's obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability derecognized and the consideration paid and payable is recognized in profit or loss. When the Company exchanges with the existing lender one debt instrument into another one with the substantially different terms, such exchange is accounted for as an extinguishment of the original financial liability and the recognition of a new financial liability. Similarly, the Company accounts for substantial modification of terms of an existing liability or part of it as an extinguishment of the original financial liability and the recognition of a new liability. It is assumed that the terms are substantially different if the discounted present value of the cash flows under the new terms, including any fees paid net of any fees received and discounted using the original effective rate is at least 10 per cent different from the discounted present value of the remaining cash flows of the original financial liability. If the modification is not substantial, the difference between: (1) the carrying amount of the liability before the modification; and (2) the present value of the cash flows after modification should be recognized in profit or loss as the modification gain or loss within other gains and losses.

39.18 Employee benefits

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Notes to the Consolidated Financial Statements

Retirement benefit costs and termination benefits

The company has defined contribution retirement benefit plans in place. Payments to defined contribution retirement benefit plans are recognized as an expense when employees have rendered service entitling them to the contributions.

A liability for a termination benefit is recognized at the earlier of when the entity can no longer withdraw the offer of the termination benefit and when the entity recognizes any related restructuring costs.

39.19 Derivative financial instruments

The Company enters into derivative financial instruments to manage its exposure to currency risk. Further details of derivative financial instruments are disclosed in note 33.

Derivatives are initially recognized at fair value at the date a derivative contract is entered into and are subsequently remeasured to their fair value at each balance sheet date. The resulting gain or loss is recognized in profit or loss immediately unless the derivative is designated and effective as a hedging instrument, in which event the timing of the recognition in profit or loss depends on the nature of the hedge relationship. The Company designates certain derivatives as either hedges of cash flow of recognized liabilities or hedges of net investments in foreign operations.

A derivative is presented as a non-current asset or a non-current liability if the remaining maturity of the instrument is more than 12 months and it is not expected to be realized or settled within 12 months. Other derivatives are presented as current assets or current liabilities.

Hedge accounting

The Company designates certain hedging instruments, which include derivatives and non-derivatives in respect of foreign currency risk, as either cash flow hedges or hedges of net investment in foreign operations.

At the inception of the hedge relationship the entity documents the relationship between the hedging instrument and hedged item, along with its risk management objectives and its strategy for undertaking various hedge transactions. Furthermore, at the inception of the hedge and on an ongoing basis, the Company documents whether the hedging instrument that is used in a hedging relationship is effective in offsetting changes in fair values or cash flows of the hedged item attributable to the hedge risk, which is when the hedging relationships meet all of the following hedge effectiveness requirements:

- there is an economic relationship between the hedged item and the hedging instrument;
- the effect of credit risk does not dominate the value changes that result from that economic relationship; and
- the hedge ratio of the hedging relationship is the same as that resulting from the quantity of the hedged item that the Company actually hedges and the quantity of the hedging instrument that the Company actually uses to hedge that quantity of hedged item.

If a hedging relationship ceases to meet the hedge effectiveness requirement relating to the hedge ratio but the risk management objective for that designated hedging relationship remains the same, the Company adjusts the hedge ratio of the hedging relationship (i.e., rebalances the hedge) so that it meets the qualifying criteria again.

The hedging reserve within equity represents the cumulative portion of gains and losses on hedging instruments deemed effective in cash flow hedges. The cumulative deferred gain or loss on the hedging instrument is reclassified to profit or loss only when the hedged transaction affects the profit or loss, or is included as a basis adjustment to the non-financial hedged item, consistent with the relevant accounting policy.

Hedges of net investments in foreign operations

Any gain or loss on the hedging instrument relating to the effective portion of the hedge is recognized in equity in the foreign currency translation reserve.

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Gains and losses deferred in the foreign currency translation reserve are recognized in profit or loss on disposal of the foreign operation.

Cash flow hedges

The effective portion of changes in the fair value of derivatives, that are designated and qualify as cash flow hedges, is recognized in other comprehensive income and accumulated under the heading of hedging reserve. The gain or loss relating to the ineffective portion is recognized immediately in profit or loss, and is included in the 'other financial expense / income' line item.

Amounts previously recognized in Other Comprehensive Income and accumulated in equity are reclassified to profit or loss in the periods when the hedged item is recognized in profit or loss, in the same line of the Income Statement as the recognized hedged item. However, when the hedged forecast transaction results in the recognition of a non-financial asset or a non-financial liability, the gains and losses previously recognized in Other Comprehensive Income and accumulated in equity are transferred from equity and included in the initial measurement of the cost of the non-financial asset or non-financial liability.

Hedge accounting is discontinued when the Company revokes the hedging relationship, when the hedging instrument expires, is sold, terminated, exercised, or when it no longer qualifies for hedge accounting. Any gain or loss recognized in Other Comprehensive Income and accumulated in equity at that time remains in equity and is recognized when the forecast transaction is ultimately recognized in profit or loss. When a forecast transaction is no longer expected to occur, the gain or loss accumulated in equity is recognized immediately in the Income Statement.

39.20 Significant accounting judgments, estimates and assumptions

In the application of the Company's accounting policies, which are described in note 39, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

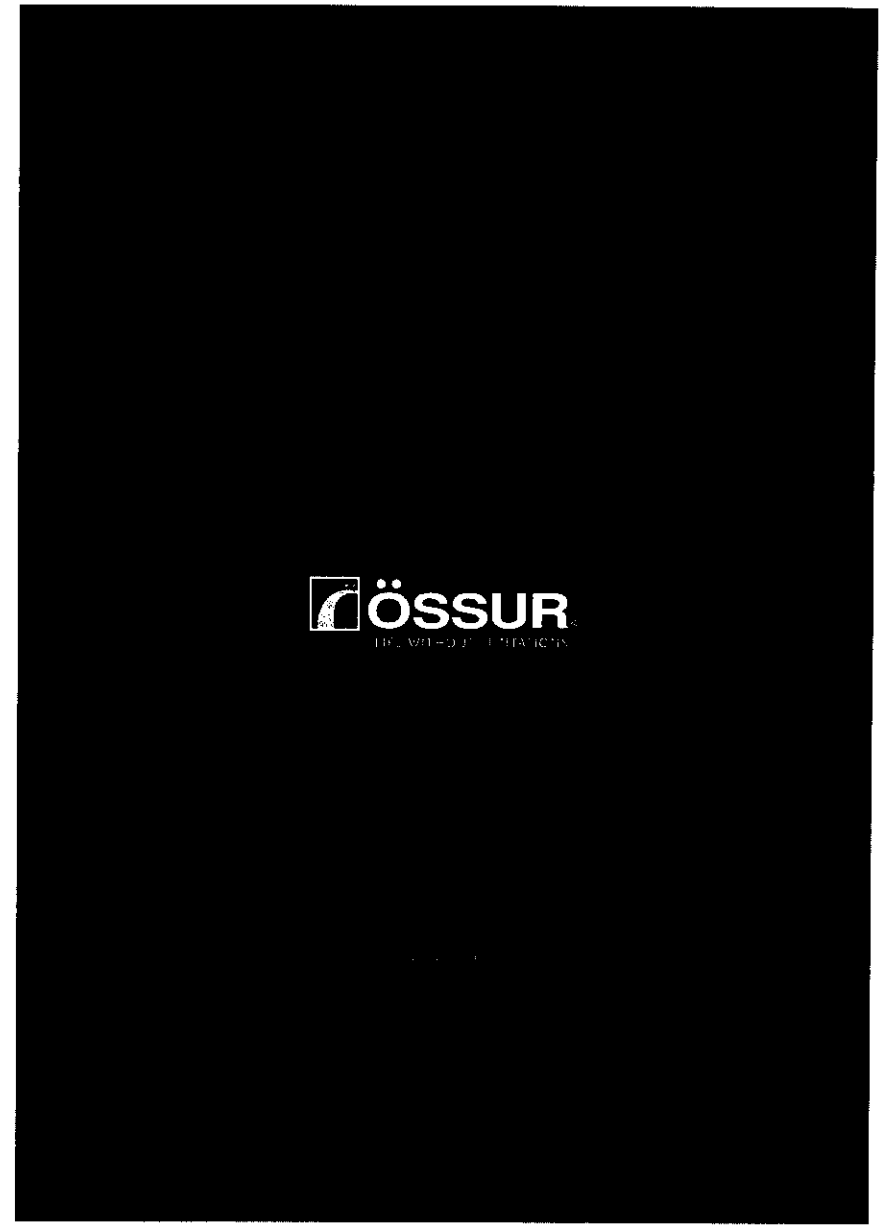
The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the period in which the estimate is revised. Revision of accounting estimates can also affect future periods.

Determining whether goodwill is impaired requires an estimation of the value in use of the cash-generating units to which goodwill has been allocated. The value in use calculation requires the entity to estimate the future cash flows expected to arise from the cash-generating unit and a suitable discount rate in order to calculate present value. Details of impairment calculations are set out in note 14.

As described in note 39.12, the Company reviews the estimated useful lives of property, plant and equipment at the end of each balance sheet date.

39.21 Government grants

Government grants are not recognized until there is reasonable assurance that the Company will comply with the set conditions and that the grants will be received. Government grants are recognized in profit or loss in the periods in which the Company recognizes the related expenses for which the grants are intended to compensate. Government grants that are received as compensation for expenses or losses already incurred or for the purpose of giving immediate financial support to the Company with no future related costs are recognized in profit or loss in the period in which they are received. Government grants that are compensating for revenue loss are presented as Other income / (expenses) in the Income Statement.



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Össur hf.

Condensed Interim Consolidated Financial Statements

30.6.2021

Össur hf
Grjóthálsi 5
110 Reykjavík
Id-no. 560271-0189

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Statement by the Board of Directors and President and CEO

The Condensed Interim Consolidated Financial Statements of Össur hf. for the period from 1 January to 30 June 2021 consist of the Financial Statements of Össur hf. and its subsidiaries. The Condensed Interim Consolidated Financial Statements are prepared in accordance with International Financial Reporting Standards for Interim Financial Reporting, IAS 34, as adopted by the EU. The Condensed Interim Consolidated Financial Statements are neither audited nor reviewed by the Company's auditors.

The total sales of the Össur Consolidation amounted to USD 350.8 million and the net profit amounted to USD 30.7 million. Össur's Consolidated total assets amounted to USD 1,262.7 million at the end of period, liabilities were USD 657.5 million, and equity was USD 605.2 million.

It is our opinion that these Condensed Interim Consolidated Financial Statements present all the information necessary to give a true and fair view of the Company's financial position at 30 June 2021 and operating performance of the period ended 30 June 2021.

The Board of Directors and the President and CEO of Össur hf. have today discussed the Condensed Interim Consolidated Financial Statements for the period from 1 January to 30 June 2021 and confirm them by means of their signatures.

Reykjavík, 22 July 2021

Board of Directors

Niels Jacobsen
Chairman of the Board

Arne Boye Nielsen

Alberto Esquenazi

Guðbjörg Edda Eggertsdóttir

Svafa Grönfeldt

President and CEO

Jón Sigurðsson

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Consolidated Income Statement

All amounts in USD '000	Notes	1H 2021	1H 2020	Q2 2021	Q2 2020
Net sales	3	350,838	288,146	189,992	134,553
Cost of goods sold		(127,762)	(114,141)	(69,513)	(56,391)
Gross profit		**223,076**	**174,005**	**120,479**	**78,162**
Other income / (expenses)		509	(15,493)	236	(15,550)
Sales and marketing expenses		(123,952)	(111,932)	(64,017)	(53,525)
Research and development expenses		(15,327)	(14,852)	(8,055)	(7,429)
General and administrative expenses		(37,634)	(38,343)	(18,690)	(18,776)
Earnings before interest and tax (EBIT)		**46,672**	**(6,615)**	**29,953**	**(17,118)**
Financial income		190	730	36	197
Financial expenses		(6,710)	(5,512)	(3,736)	(2,907)
Net exchange rate difference		21	98	(1,127)	(842)
Net financial income / (expenses)		(6,499)	(4,684)	(4,827)	(3,552)
Earnings before tax (EBT)		**40,173**	**(11,299)**	**25,126**	**(20,670)**
Income tax		(9,502)	448	(5,846)	2,774
Net profit / (loss)		**30,671**	**(10,851)**	**19,280**	**(17,896)**
Attributable to:					
Owners of the Company		29,703	(11,606)	18,575	(18,253)
Non-controlling interests		968	755	705	357
Net profit / (loss)		**30,671**	**(10,851)**	**19,280**	**(17,896)**
Earnings per share					
Earnings per share (US cent)		7.3	(2.6)	4.6	(4.2)
Diluted earnings per share (US cent)		7.3	(2.6)	4.6	(4.2)

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Consolidated Statement of Comprehensive Income

All amounts in USD '000	1H 2021	1H 2020	Q2 2021	Q2 2020
Net profit	30,671	(10,851)	19,280	(17,896)
Items that may be reclassified subsequently to profit or loss:				
Change in cash flow hedges	758	(2,943)	(1,195)	335
Exchange differences on translating foreign operations	(2,856)	(7,731)	2,594	6,718
Income tax relating to components of other comprehensive income	(1,070)	1,217	698	143
Other comprehensive income, net of income tax	**(3,168)**	**(9,457)**	**2,097**	**7,196**
Total comprehensive income	**27,503**	**(20,308)**	**21,377**	**(10,700)**
Attributable to:				
Owners of the Company	26,535	(21,063)	20,672	(11,057)
Non-controlling interests	968	755	705	357
Total comprehensive income	**27,503**	**(20,308)**	**21,377**	**(10,700)**

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Consolidated Balance Sheet

Assets

All amounts in USD '000	Notes	30.06.2021	31.12.2020
Property, plant and equipment	5	55,386	58,466
Right of use assets	6	116,332	112,909
Goodwill	7	649,330	612,191
Other intangible assets	8	59,704	59,502
Investment in associates		13,267	13,352
Other financial assets		4,634	3,941
Deferred tax assets		28,094	27,512
Non-current assets		**926,747**	**887,873**
Inventories		99,823	93,231
Accounts receivables		108,558	98,353
Other assets		37,806	32,511
Bank balances and cash equivalents		89,790	102,363
Current assets		**335,977**	**326,458**
Total assets		**1,262,724**	**1,214,331**

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Consolidated Balance Sheet

Equity and liabilities

All amounts in USD '000	Notes	30.06.2021	31.12.2020
Issued capital and share premium		75,233	74,871
Reserves		(34,021)	(31,514)
Retained earnings		558,300	529,155
Equity attributable to owners of the Company		599,512	572,512
Non-controlling interest		5,645	4,678
Total equity		**605,157**	**577,190**
Borrowings		338,802	339,978
Lease liabilities		109,798	108,013
Deferred tax liabilities		27,756	26,053
Provisions		8,437	7,955
Deferred income		6,652	6,739
Other financial liabilities		12,448	1,098
Non-current liabilities		**503,893**	**489,836**
Borrowings		13,303	17,545
Lease liabilities		20,545	17,857
Accounts payable		27,910	20,024
Income tax payable		3,135	4,160
Provisions		11,547	11,369
Accrued salaries and related expenses		43,483	38,226
Other liabilities		33,751	38,124
Current liabilities		**153,674**	**147,305**
Total equity and liabilities		**1,262,724**	**1,214,331**

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Consolidated Statement of Cash Flow

All amounts in USD '000	Notes	1H 2021	1H 2020	Q2 2021	Q2 2020
Earnings before interests and tax (EBIT)		46,672	(6,615)	29,953	(17,118)
Depreciation, amortization and impairment	5, 6, 7, 8	24,359	40,409	12,429	29,178
Change in inventories		(7,658)	1,680	462	6,384
Change in receivables		(16,070)	20,726	(17,247)	(42)
Change in payables		9,372	5,369	10,748	10,128
Other operating activities		905	(1,666)	1,335	600
Cash generated by operations		**57,580**	**59,903**	**37,680**	**29,130**
Interest received		198	602	20	129
Interest paid		(6,504)	(5,509)	(3,669)	(2,906)
Income tax paid		(10,458)	(5,440)	(7,160)	(982)
Net cash provided by operating activities		**40,816**	**49,556**	**26,871**	**25,371**
Purchase of fixed and intangible assets	5, 8	(10,748)	(14,108)	(6,155)	(5,315)
Acquisition of subsidiaries, net of cash in acq. entities		(36,450)	(36,939)	(19,982)	(32,041)
Other investing activities		(304)	(21)	49	(93)
Cash flows to investing activities		**(47,502)**	**(51,068)**	**(26,088)**	**(37,449)**
Proceeds from long-term borrowings		530	74,265	71	74,265
Repayments of long-term borrowings		(10,530)	(7,474)	(10,373)	(6,308)
Payments of lease liabilties		(9,698)	(8,159)	(5,054)	(4,228)
Changes in revolving credit facility		15,658	52,972	15,658	523
Payment of dividends		0	(9,276)	0	0
Change in treasury shares		0	(5,659)	0	207
Cash flows from / (to) financing activities		**(4,040)**	**96,669**	**302**	**64,459**
Net change in cash		(10,726)	95,157	1,085	52,381
Effects of exchange rate changes on:					
Balance of cash held in foreign currencies		(1,033)	(648)	748	1,517
Other items held in foreign currencies		(814)	(483)	458	1,020
Cash at beginning of period		102,363	58,611	87,499	97,719
Cash at end of period		**89,790**	**152,637**	**89,790**	**152,637**

Consolidated Statement of Changes in Equity

All amounts in USD '000	Share capital	Share premium	Statutory reserve	Share option reserve	Fair value reserve	Translation reserve	Accumulated profits	Attributable to owners of the parent	Non-controlling interests	Total equity
Balance at 1 January 2020	**4,794**	**73,019**	**1,267**	**2,178**	**516**	**(51,069)**	**533,661**	**564,366**	**4,590**	**568,956**
Net profit							(11,606)	**(11,606)**	755	**(10,851)**
Change in cash flow hedges					(2,354)			**(2,354)**		**(2,354)**
Transl. diff. of shares in subsidiaries						(7,103)		**(7,103)**		**(7,103)**
Total comprehensive income	0	0	0	0	(2,354)	(7,103)	(11,606)	**(21,063)**	755	**(20,308)**
Payment of dividends							(9,276)	**(9,276)**		**(9,276)**
Share option charge for the period				607				**607**		**607**
Share option vested during the period	8	4,276		(683)			47	**3,648**		**3,648**
Purchase of treasury shares	(11)	(9,300)						**(9,311)**		**(9,311)**
Balance at 30 June 2020	**4,791**	**67,995**	**1,267**	**2,102**	**(1,838)**	**(58,172)**	**512,826**	**528,971**	**5,344**	**534,315**
Balance at 1 January 2021	**4,794**	**70,077**	**1,267**	**2,507**	**196**	**(35,484)**	**529,155**	**572,512**	**4,678**	**577,190**
Net profit							29,703	**29,703**	968	**30,671**
Change in cash flow hedges					607			**607**		**607**
Transl. diff. of shares in subsidiaries						(3,775)		**(3,775)**		**(3,775)**
Total comprehensive income	0	0	0	0	607	(3,775)	29,703	**26,535**	968	**27,503**
Share option charge for the period				787				**787**		**787**
Share option vested during the period	1	361		(126)			(558)	**(322)**		**(322)**
Balance at 30 June 2021	**4,795**	**70,438**	**1,267**	**3,168**	**803**	**(39,259)**	**558,300**	**599,512**	**5,645**	**605,157**

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Notes to the Consolidated Financial Statements

1. Summary of Significant Accounting Policies

Statement of compliance

The Condensed Interim Consolidated Financial Statements are prepared in accordance with International Financial Reporting Standards for Interim Financial Reporting, IAS 34 as adopted by the EU. The Condensed Interim Consolidated Financial Statements are presented in accordance with the new and revised standards (IFRS / IAS) and new interpretations (IFRIC), applicable in the period. New and amended IFRS Standards that are effective for the current year did not have any impact on the Company's Financial Statements. The Company has not early applied new and revised IFRS standards that have been issued but are not yet effective. The Financial Statements are presented in USD, which is the Company's functional currency. They do not include all of the information required for full Annual Financial Statements and should be read in conjunction with the Company's Annual Financial Statements for the period ended 31 December 2020. The Company's Annual Financial Statements can be found on the Company's website www.ossur.com.

Basis of preparation

The Condensed Interim Consolidated Financial Statements have been prepared under the historical cost basis except for certain financial instruments that are measured at fair value. Historical cost is generally based on the fair value of the consideration given in exchange for assets. The Consolidated Financial Statements are presented in US dollars and all values are rounded to the nearest thousand ('000), except when otherwise indicated. The accounting policies adopted are consistent with those followed in the preparation of the Company's Annual Consolidated Financial Statements for the period ended 31 December 2020.

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Notes to the Consolidated Financial Statements

2. Quarterly statements

	Q2 2021	Q1 2021	Q4 2020	Q3 2020	Q2 2020
Net sales	189,992	160,846	169,571	171,786	134,553
Cost of goods sold	(69,513)	(58,249)	(60,230)	(63,897)	(56,391)
Gross profit	120,479	102,597	109,341	107,889	78,162
Gross profit margin	63%	64%	64%	63%	58%
Other income / (expenses)	236	273	(8,823)	(662)	(15,550)
Sales and marketing expenses	(64,017)	(59,935)	(59,664)	(57,689)	(53,525)
Research and development expenses	(8,055)	(7,272)	(8,435)	(7,731)	(7,429)
General and administrative expenses	(18,690)	(18,944)	(22,336)	(16,987)	(18,776)
EBIT	29,953	16,719	10,083	24,820	(17,118)
Net financial income / (expenses)	(3,700)	(2,820)	(2,303)	(2,603)	(2,710)
Net exchange rate difference	(1,127)	1,148	(4,073)	(1,905)	(842)
EBT	25,126	15,047	3,707	20,312	(20,670)
Income tax	(5,846)	(3,656)	190	(5,437)	2,774
Net profit / (loss)	**19,280**	**11,391**	**3,897**	**14,875**	**(17,896)**
EBITDA	42,382	28,649	23,644	35,549	12,060
EBITDA margin	22%	18%	14%	21%	9%
Organic sales growth	32%	2%	-4%	-5%	-26%
LCY sales growth	33%	0%	-8%	1%	-23%

3. Net sales

	1H 2021	1H 2020	Q2 2021	Q2 2020
Specified according to geographical segments:				
Americas	162,210	135,410	90,062	63,029
EMEA	156,188	128,462	82,915	58,775
APAC	32,441	24,274	17,016	12,749
Total	**350,838**	**288,146**	**189,992**	**134,553**
Specified according to product lines:				
Prosthetics	219,289	165,145	119,001	79,997
Bracing and Supports	131,549	123,001	70,991	54,557
Total	**350,838**	**288,146**	**189,992**	**134,553**

In the Q1 2021 reporting, sales amounting to USD 9.6 million were incorrectly included in the sales and growth figures for Americas instead of EMEA. Other figures, including total sales and total growth figures were correctly stated for Q1 2021.

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LIFE WITHOUT LIMITATIONS

Notes to the Consolidated Financial Statements

4. Sales and expenses split by main currencies

	1H 2021			Q2 2021		
	LCY	USD	%	LCY	USD	%
Sales						
USD	147,737	147,737	42%	82,310	82,310	44%
EUR	67,875	81,793	23%	35,058	42,228	22%
ISK	144,489	1,149	0%	76,125	616	0%
Nordic curr. (SEK, NOK, DKK)		52,009	15%		28,498	15%
Other (GBP, AUD, CAD & Other)		68,149	20%		36,340	19%
Total		**350,838**	**100%**		**189,992**	**100%**
COGS and OPEX						
USD	145,293	145,293	48%	76,988	76,988	48%
EUR	45,732	55,109	18%	24,163	29,105	18%
ISK	3,660,446	29,084	10%	1,802,263	14,573	9%
Nordic curr. (SEK, NOK, DKK)		46,930	15%		24,388	15%
Other (GBP, MXN, CAD & Other)		27,749	9%		14,984	9%
Total		**304,166**	**100%**		**160,039**	**100%**

	1H 2020			Q2 2020		
	LCY	USD	%	LCY	USD	%
Sales						
USD	131,031	131,031	46%	61,388	61,388	46%
EUR	61,191	67,410	23%	27,887	30,691	23%
ISK	137,586	1,024	0%	69,892	495	0%
Nordic curr. (SEK, NOK, DKK)		41,794	15%		21,871	16%
Other (GBP, AUD, CAD & Other)		46,886	16%		20,107	15%
Total		**288,146**	**100%**		**134,553**	**100%**
COGS and OPEX						
USD	133,673	133,673	45%	68,336	68,336	45%
EUR	62,916	69,294	24%	36,847	40,552	27%
ISK	4,161,133	31,056	11%	2,013,168	14,264	9%
Nordic curr. (SEK, NOK, DKK)		38,976	13%		18,820	13%
Other (GBP, MXN, CAD & Other)		21,762	7%		9,699	6%
Total		**294,761**	**100%**		**151,671**	**100%**

Currency split is derived by using best available information at each time.

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Notes to the Consolidated Financial Statements

5. Property, plant and equipment

2021	Buildings & sites	Machinery & equipment	Fixtures & office equip.	Computer equipment	Total
Cost					
At 1 January	2,251	69,654	45,193	15,701	132,799
Reclassification	(430)	0	331	99	0
Additions	138	3,280	803	1,709	5,930
Acquired on acquisition of subsidiary	0	229	223	22	474
Exchange rate differences	2	(330)	(498)	(89)	(915)
Eliminated on disposal	0	(129)	(208)	(11)	(348)
Fully depreciated assets	0	(1,872)	(264)	(133)	(2,269)
At 30 June 2021	1,961	70,832	45,580	17,298	135,671
Depreciation					
At 1 January	233	41,165	22,196	10,739	74,333
Reclassification	0	0	(59)	59	0
Charge for the period	90	4,393	2,861	1,809	9,153
Exchange rate differences	2	(219)	(255)	(89)	(561)
Eliminated on disposal	0	(94)	(236)	(41)	(371)
Fully depreciated assets	0	(1,872)	(264)	(133)	(2,269)
At 30 June 2021	325	43,373	24,243	12,344	80,285
At 30 June 2021	**1,636**	**27,459**	**21,337**	**4,954**	**55,386**

Depreciation classified by functional category:	1H 2021	1H 2020	Q2 2021	Q2 2020
Cost of goods sold	4,328	5,118	2,152	2,675
Sales and marketing expenses	2,298	1,454	1,196	647
Research and development expenses	458	626	219	325
General and administrative expenses	2,069	2,021	1,025	1,033
Total	**9,153**	**9,219**	**4,592**	**4,680**

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Notes to the Consolidated Financial Statements

6. Right of use assets

2021	Buildings & sites	Machinery & equipment	Total
At 1 January	111,174	1,735	112,909
Additions and renewals	12,068	3,101	15,168
Depreciation charge for the period	(9,571)	(738)	(10,308)
Eliminated on disposal	(373)	0	(373)
Exchange rate differences	(874)	(190)	(1,064)
At 30 June 2021	**112,424**	**3,908**	**116,332**

Depreciation classified by functional category:	1H 2021	1H 2020	Q2 2021	Q2 2020
Cost of goods sold	4,122	3,598	2,118	1,817
Sales and marketing expenses	2,061	1,799	1,059	909
Research and development expenses	1,236	1,079	635	545
General and administrative expenses	2,889	2,518	1,482	1,270
Total	**10,308**	**8,994**	**5,294**	**4,541**

7. Goodwill

	30.06.2021	31.12.2020
At 1 January	612,191	521,046
Arising on acquisition of subsidiaries	43,212	87,733
Purchase price allocation	(625)	(6,815)
Exchange rate differences	(5,333)	15,474
Impairment	(115)	(5,247)
At end of period	**649,330**	**612,191**

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LIFE WITHOUT LIMITATIONS

Notes to the Consolidated Financial Statements

8. Other intangible assets

2021	Cust./distrib. relationships	Patents	Trademarks	Software and other	Total
Cost					
At 1 January	40,026	18,363	2,576	44,517	105,482
Additions	0	313	38	962	1,313
Additions - internally generated	0	0	0	3,505	3,505
Purchase price allocation	785	0	0	91	876
Eliminated on disposal	0	(37)	(407)	(307)	(751)
Fully amortized assets	0	0	0	(123)	(123)
Exchange rate differences	(472)	11	24	(92)	(529)
At 30 June 2021	40,339	18,650	2,231	48,553	109,773
Amortization					
At 1 January	24,539	4,918	636	15,887	45,980
Charge for the period	2,045	585	39	2,114	4,783
Eliminated on disposal	0	(5)	0	(224)	(229)
Fully amortized assets	0	0	0	(123)	(123)
Exchange rate differences	(297)	9	20	(74)	(342)
At 30 June 2021	26,287	5,507	695	17,580	50,069
At 30 June 2021	**14,052**	**13,143**	**1,536**	**30,973**	**59,704**

Amort. and impairment classified by functional category:	1H 2021	1H 2020	Q2 2021	Q2 2020
Cost of goods sold	59	49	31	23
Other income / (expenses)	0	12,559	0	12,559
Sales and marketing expenses	3,030	3,190	1,606	1,888
Research and development expenses	731	808	365	393
General and administrative expenses	963	1,016	426	520
Total	**4,783**	**17,622**	**2,428**	**15,383**

4U

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Organon LLC

Physical Address: 30 Hudson Street, 33rd Floor

City: Jersey City State: NJ Zip: 07302

Mailing Address (if different from physical address): Nicole Steiner C/O Organon LLC:30 Hudson St, 33rd Flr,Mail Code 3311

City: Jersey City State: NJ Zip: 07302

Telephone: (445) 224-5549 Website: www.organon.com

Name of Designated Representative (DR): Nicole Steiner

Licensing Company Email: heather.koch@organon.com DR Email: nicole.steiner@organon.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☒ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 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?		✓
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)?		✓

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health
Address: 600N. 83rd Avenue City: Tolleson State: AZ Zip: 85353
Name: Amerisourcebergen Drug Corp.
Address: 7775 W. Buckeye Rd., Ste 150 City: Phoenix State: AZ Zip: 85043
Name: Henry Schein Inc.
Address: 255 Vista Blvd. City: Sparks State: NV Zip: 89434
Name: ASD Specialty Healthcare
Address: 1195 Trademark Dr., Suite 102 City: Reno State: NV Zip: 89521

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
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 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Organon & Co. (100% owner of Organon LLC, Organon & Co. is publicly traded)
Corporation Name: N/A
Mailing Address: 30 Hudson Street, 33rd Floor
City: Jersey City State: NJ Zip: 07302
Telephone: (551) 430-6225 Email: faye.brown1@organon.com
Contact Person Name: Faye Brown

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration Labeler code attached 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See attached		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - organon LLC has no federally controlled drugs	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Faye Brown
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/14/2021
Date

Board Use Only	Date Received: _____	Amount: 500 CHK# 900000071

[Organon] Proprietary

Description of Business

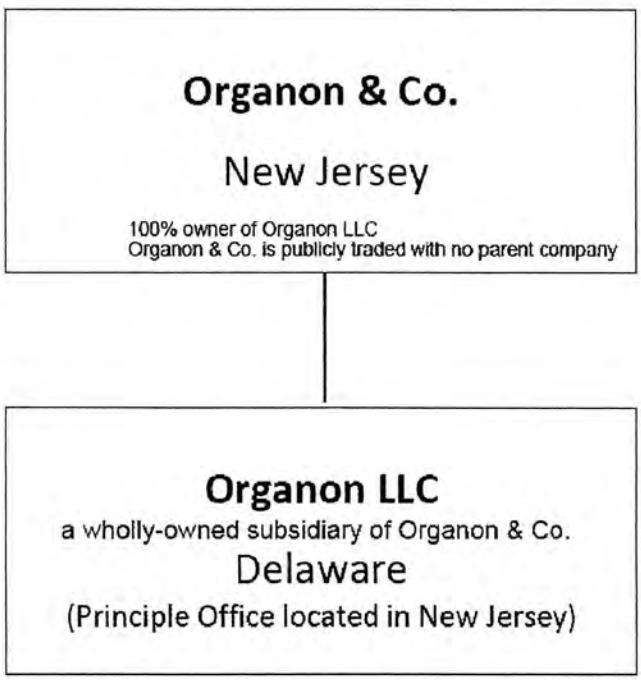
Organon LLC is a wholly owned subsidiary of Organon & Co. Organon LLC does not handle prescription drugs at any time either for physical manufacturing or distribution. However, they do maintain product ownership and are responsible for the oversight and sale of products. Organon utilizes NABP accredited Drug Distributor, third-party logistics and fourth-party logistics providers to warehouse and distribute its prescription drugs into the fifty states and the District of Columbia.

[Organon] Proprietary

Organon LLC- Controlled Drugs

Organon LLC does not handle prescription drugs at any time either for physical manufacturing or distribution. Organon LLC has no products that are classified as federally controlled substances. Therefore, Organon LLC does not hold a DEA license. One product containing HCG is classified as a Schedule III in Nevada.

[Organon] Proprietary



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0742869

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

2000 GALLOPING HILL RD BLDG K15 FL4 KENILWORTH, NJ 07033-
30 HUDSON ST, FL 33 JERSEY CITY,NJ 07302-

Reg. No.
5005799

ORGANON LLC/ORGANON USA 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

Establishment Copy

Delaware

The First State

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 SECOND DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORGANON LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

7803284 8300

SR# 20213154369

Authentication: 204073090

Date: 09-02-21

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

Delaware

The First State

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.

Jeffrey W. Bullock, Secretary of State

7803284 8300

SR# 20210085968

Authentication: 202267666

Date: 01-12-21

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

Organon LLC

Corporate Officer Information

[Organon] Sensitive

Organon LLC Corporate Officer Information:

Title:	Vice President
Name:	Daniel Fetzer
Business Address:	30 Hudson Street, 33rd floor, Jersey City, NJ 07302
Email:	dan.fetzer@organon.com
Telephone:	(551) 430-6020

Title:	Vice President & Assistant Treasurer
Name:	Joseph Promo
Business Address:	30 Hudson Street, 33rd floor, Jersey City, NJ 07302
Email:	joe.promo@organon.com
Telephone:	(551) 430-6278

Title:	Assistant Treasurer
Name:	Kara Rogers
Business Address:	30 Hudson Street, 33rd floor, Jersey City, NJ 07302
Email:	kara.rogers@organon.com
Telephone:	(551) 430-6146

Title:	Assistant Treasurer
Name:	Geralyn Ritter
Business Address:	30 Hudson Street, 33rd floor, Jersey City, NJ 07302
Email:	geralyn.ritter@organon.com
Telephone:	(908) 740-1984

Title:	Secretary
Name:	Faye Brown
Business Address:	30 Hudson Street, 33rd floor, Jersey City, NJ 07302
Email:	faye.brown1@organon.com
Telephone:	(551) 430-6225

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Wednesday, May 20, 2020 11:50 AM
To: Devdhara, Foram S <foram.chauhan@merck.com>
Subject: Labeler Code Request Approved

EXTERNAL EMAIL – Use caution with any links or file attachments.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 20-MAY-2020
Labeler DUNS: 117494753
Labeler Name: Organon LLC
Labeler Code Assigned: 78206

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**

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through September 27, 2021

You have searched Finished drug products

Search Results: *'78206'*

Back to Search Page () | Search Again ()

verified DZ 9/27/21

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
ASMANEX	78206-114-01	220 ug/1	INHALANT	RESPIRATORY (INHALATION)	NDA021067	Organon LLC	78206-114	Mometasone Furoate	MOMETASONE FUROATE
ASMANEX	78206-114-02	220 ug/1	INHALANT	RESPIRATORY (INHALATION)	NDA021067	Organon LLC	78206-114	Mometasone Furoate	MOMETASONE FUROATE
ASMANEX	78206-114-03	220 ug/1	INHALANT	RESPIRATORY (INHALATION)	NDA021067	Organon LLC	78206-114	Mometasone Furoate	MOMETASONE FUROATE
ASMANEX	78206-114-04	220 ug/1	INHALANT	RESPIRATORY (INHALATION)	NDA021067	Organon LLC	78206-114	Mometasone Furoate	MOMETASONE FUROATE
ASMANEX	78206-114-59	220 ug/1	INHALANT	RESPIRATORY (INHALATION)	NDA021067	Organon LLC	78206-114	Mometasone Furoate	MOMETASONE FUROATE
ASMANEX	78206-115-01	110 ug/1	INHALANT	RESPIRATORY (INHALATION)	NDA021067	Organon LLC	78206-115	Mometasone Furoate	MOMETASONE FUROATE
ASMANEX	78206-115-59	110 ug/1	INHALANT	RESPIRATORY (INHALATION)	NDA021067	Organon LLC	78206-115	Mometasone Furoate	MOMETASONE FUROATE
ASMANEX HFA	78206-111-01	50 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA205641	Organon LLC	78206-111	MOMETASONE FUROATE	MOMETASONE FUROATE
ASMANEX HFA	78206-111-59	50 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA205641	Organon LLC	78206-111	MOMETASONE FUROATE	MOMETASONE FUROATE
ASMANEX HFA	78206-112-01	100 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA205641	Organon LLC	78206-112	MOMETASONE FUROATE	MOMETASONE FUROATE
ASMANEX HFA	78206-112-59	100 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA205641	Organon LLC	78206-112	MOMETASONE FUROATE	MOMETASONE FUROATE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
ASMANEX HFA	78206-113-01	200 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA205641	Organon LLC	78206-113	MOMETASONE FUROATE	MOMETASONE FUROATE
ASMANEX HFA	78206-113-59	200 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA205641	Organon LLC	78206-113	MOMETASONE FUROATE	MOMETASONE FUROATE
CELESTONE SOLUSPAN	78206-118-01	3 mg/mL, 3 mg/mL	INJECTION, SUSPENSION	INTRA-ARTICULAR; INTRALESIONAL; INTRAMUSCULAR; SOFT TISSUE	NDA014602	Organon LLC	78206-118	Betamethasone Acetate and Betamethasone Sodium Phosphate	BETAMETHASONE ACETATE; BETAMETHASONE SODIUM PHOSPHATE
Clarinex	78206-119-01	5 mg/1	TABLET, FILM COATED	ORAL	NDA021165	Organon LLC	78206-119	Desloratadine	DESLORATADINE
CLARINEX-D 12 HOUR	78206-120-01	2.5 mg/1, 120 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021313	Organon LLC	78206-120	desloratadine and pseudoephedrine sulfate	DESLORATADINE; PSEUDOEPHEDRINE SULFATE
COZAAR	78206-121-01	25 mg/1	TABLET, FILM COATED	ORAL	NDA020386	Organon LLC	78206-121	losartan potassium	LOSARTAN POTASSIUM
COZAAR	78206-122-01	50 mg/1	TABLET, FILM COATED	ORAL	NDA020386	Organon LLC	78206-122	losartan potassium	LOSARTAN POTASSIUM
COZAAR	78206-122-02	50 mg/1	TABLET, FILM COATED	ORAL	NDA020386	Organon LLC	78206-122	losartan potassium	LOSARTAN POTASSIUM
COZAAR	78206-123-01	100 mg/1	TABLET, FILM COATED	ORAL	NDA020386	Organon LLC	78206-123	losartan potassium	LOSARTAN POTASSIUM
COZAAR	78206-123-02	100 mg/1	TABLET, FILM COATED	ORAL	NDA020386	Organon LLC	78206-123	losartan potassium	LOSARTAN POTASSIUM
DIPROLENE	78206-124-01	.5 mg/g	OINTMENT	TOPICAL	NDA018741	Organon LLC	78206-124	betamethasone dipropionate	BETAMETHASONE DIPROPIONATE
DIPROLENE	78206-124-02	.5 mg/g	OINTMENT	TOPICAL	NDA018741	Organon LLC	78206-124	betamethasone dipropionate	BETAMETHASONE DIPROPIONATE
Dulera	78206-125-01	50 ug/1, 5 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA022518	Organon LLC	78206-125	mometasone furoate and formoterol fumarate dihydrate	MOMETASONE FUROATE; FORMOTEROL FUMARATE
Dulera	78206-125-59	50 ug/1, 5 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA022518	Organon LLC	78206-125	mometasone furoate and formoterol fumarate dihydrate	MOMETASONE FUROATE; FORMOTEROL FUMARATE
Dulera	78206-126-01	200 ug/1, 5 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA022518	Organon LLC	78206-126	mometasone furoate and formoterol fumarate dihydrate	MOMETASONE FUROATE; FORMOTEROL FUMARATE
Dulera	78206-126-02	200 ug/1, 5 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA022518	Organon LLC	78206-126	mometasone furoate and formoterol fumarate dihydrate	MOMETASONE FUROATE; FORMOTEROL FUMARATE
Dulera	78206-126-59	200 ug/1, 5 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA022518	Organon LLC	78206-126	mometasone furoate and formoterol fumarate dihydrate	MOMETASONE FUROATE; FORMOTEROL FUMARATE
Dulera	78206-127-01	100 ug/1, 5 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA022518	Organon LLC	78206-127	mometasone furoate and formoterol fumarate dihydrate	MOMETASONE FUROATE; FORMOTEROL FUMARATE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
Dulera	78206-127-02	100 ug/1, 5 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA022518	Organon LLC	78206-127	mometasone furoate and formoterol fumarate dihydrate	MOMETASONE FUROATE; FORMOTEROL FUMARATE
Dulera	78206-127-59	100 ug/1, 5 ug/1	AEROSOL	RESPIRATORY (INHALATION)	NDA022518	Organon LLC	78206-127	mometasone furoate and formoterol fumarate dihydrate	MOMETASONE FUROATE; FORMOTEROL FUMARATE
FOSAMAX	78206-135-01	70 mg/1	TABLET	ORAL	NDA020560	Organon LLC	78206-135	alendronate sodium	ALENDRONATE SODIUM
FOSAMAX PLUS D	78206-136-01	70 mg/1, 5600 [iU]/1	TABLET	ORAL	NDA021762	Organon LLC	78206-136	ALENDRONATE SODIUM and CHOLECALCIFEROL	ALENDRONATE SODIUM; CHOLECALCIFEROL
FOSAMAX PLUS D	78206-137-01	70 mg/1, 2800 [iU]/1	TABLET	ORAL	NDA021762	Organon LLC	78206-137	ALENDRONATE SODIUM and CHOLECALCIFEROL	ALENDRONATE SODIUM; CHOLECALCIFEROL
Ganirelix Acetate	78206-138-01	250 ug/.5mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA021057	Organon LLC	78206-138	Ganirelix Acetate	GANIRELIX ACETATE
HYZAAR	78206-139-01	50 mg/1, 12.5 mg/1	TABLET, FILM COATED	ORAL	NDA020387	Organon LLC	78206-139	losartan potassium and hydrochlorothiazide	LOSARTAN POTASSIUM; HYDROCHLOROTHIAZIDE
HYZAAR	78206-139-02	50 mg/1, 12.5 mg/1	TABLET, FILM COATED	ORAL	NDA020387	Organon LLC	78206-139	losartan potassium and hydrochlorothiazide	LOSARTAN POTASSIUM; HYDROCHLOROTHIAZIDE
HYZAAR	78206-140-01	100 mg/1, 12.5 mg/1	TABLET, FILM COATED	ORAL	NDA020387	Organon LLC	78206-140	losartan potassium and hydrochlorothiazide	LOSARTAN POTASSIUM; HYDROCHLOROTHIAZIDE
HYZAAR	78206-140-02	100 mg/1, 12.5 mg/1	TABLET, FILM COATED	ORAL	NDA020387	Organon LLC	78206-140	losartan potassium and hydrochlorothiazide	LOSARTAN POTASSIUM; HYDROCHLOROTHIAZIDE
HYZAAR	78206-141-01	100 mg/1, 25 mg/1	TABLET, FILM COATED	ORAL	NDA020387	Organon LLC	78206-141	losartan potassium and hydrochlorothiazide	LOSARTAN POTASSIUM; HYDROCHLOROTHIAZIDE
HYZAAR	78206-141-02	100 mg/1, 25 mg/1	TABLET, FILM COATED	ORAL	NDA020387	Organon LLC	78206-141	losartan potassium and hydrochlorothiazide	LOSARTAN POTASSIUM; HYDROCHLOROTHIAZIDE
MAXALT	78206-142-01	10 mg/1	TABLET	ORAL	NDA020864	Organon LLC	78206-142	rizatriptan benzoate	RIZATRIPTAN BENZOATE
MAXALT-MLT	78206-143-01	10 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA020865	Organon LLC	78206-143	rizatriptan benzoate	RIZATRIPTAN BENZOATE
Nexplanon	78206-145-01	68 mg/1	IMPLANT	SUBCUTANEOUS	NDA021529	Organon LLC	78206-145	etonogestrel	ETONOGESTREL
NuvaRing	78206-146-03	.12 mg/d, .015 mg/d	INSERT, EXTENDED RELEASE	VAGINAL	NDA021187	Organon LLC	78206-146	etonogestrel and ethinyl estradiol	ETONOGESTREL; ETHINYL ESTRADIOL
Ontruzant	78206-147-01	150 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	BLA761100	Organon LLC	78206-147	trastuzumab	TRASTUZUMAB
Ontruzant	78206-148-01		KIT	INTRAVENOUS	BLA761100	Organon LLC	78206-148	Ontruzant	

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
PROPECIA	78206-152-01	1 mg/1	TABLET, FILM COATED	ORAL	NDA020788	Organon LLC	78206-152	finasteride	FINASTERIDE
PROPECIA	78206-152-02	1 mg/1	TABLET, FILM COATED	ORAL	NDA020788	Organon LLC	78206-152	finasteride	FINASTERIDE
PROSCAR	78206-153-01	5 mg/1	TABLET, FILM COATED	ORAL	NDA020180	Organon LLC	78206-153	FINASTERIDE	FINASTERIDE

Showing 1 to 50 of 82 entries

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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

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. 107349522

Application/License No. _____

Organon LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 30 Hudson Street, 33rd Floor, Jersey City, NJ 07302 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square , Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 9, 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.

TRAVELERS	Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company Farmington Casualty Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Donna M. Chiancone , of **Camden, NJ** , their true and lawful Attorney(s)-in-Fact, to sign, execute, seal and acknowledge the following bond:

Surety Bond No.: 107349522 **Principal:** Organon LLC

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, 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, 2026**

_____
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 each of the Companies, 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 each 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 remains in full force and effect.

Dated this 9th day of July, 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(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2020

CAPITAL STOCK $ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	$ 239,403,348	UNEARNED PREMIUMS	$ 1,121,070,380
BONDS	3,831,156,861	LOSSES	1,003,200,686
STOCKS	109,074,035	LOSS ADJUSTMENT EXPENSES	163,346,678
INVESTMENT INCOME DUE AND ACCRUED	36,856,709	COMMISSIONS	48,805,693
OTHER INVESTED ASSETS	4,970,512	TAXES, LICENSES AND FEES	13,561,421
PREMIUM BALANCES	277,653,788	OTHER EXPENSES	42,508,558
NET DEFERRED TAX ASSET	55,188,715	CURRENT FEDERAL AND FOREIGN INCOME TAXES	4,865,484
REINSURANCE RECOVERABLE	32,553,518	REMITTANCES AND ITEMS NOT ALLOCATED	8,646,391
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	34,876,347	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	42,228,250
OTHER ASSETS	4,155,794	POLICYHOLDER DIVIDENDS	12,353,304
		PROVISION FOR REINSURANCE	7,930,280
		ADVANCE PREMIUM	1,867,512
		CEDED REINSURANCE NET PREMIUMS PAYABLE	63,102,972
		RETROACTIVE REINSURANCE RESERVE ASSUMED	800,763
		OTHER ACCRUED EXPENSES AND LIABILITIES	568,668
		TOTAL LIABILITIES	$2,534,855,020
		CAPITAL STOCK	$6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,650,750,847
		TOTAL SURPLUS TO POLICYHOLDERS	$2,091,034,607
TOTAL ASSETS	$ 4,625,889,627	TOTAL LIABILITIES & SURPLUS	$4,625,889,627

STATE OF CONNECTICUT)

COUNTY OF HARTFORD) SS.

CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2020.

Michael J Doody

VICE PRESIDENT - FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
26TH DAY OF MARCH, 2021

NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022

SUSAN M. WEISSLEDER NOTARY PUBLIC CONNECTICUT

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 9th day of July, 2021.

APPLICANT/PRINCIPAL
Organon LLC

By: _____
Authorized Representative
Heather Koch, Sr. Specialist

SURETY COMPANY
Travelers Casualty and Surety Company of America

By: _____
Surety Company's Representative

Donna M. Chiancone, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness Nicole Steiner Sr. Spclst.

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Lori N. Baybutt

_____
Witness Karen A. Read

Countersigned by:

_____
Nevada Resident Agent Non-Resident License #545412
Donna M. Chiancone

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Organon LLC

Physical Address 30 Hudson Street, 33rd floor

City Jersey City State NJ Zip 07203

Mailing Address (if different from physical address) Nicole Steiner C/O Organon LLC: 30 Hudson St,33rd Flr,Mail Code 3311

City Jersey City State NJ Zip 07203

Telephone (445) 224-5549 Website www.organon.com

Licensing Company Email heather.koch@organon.com

Section 2: Personal Information

First Nicole Middle Elyse Last Steiner

Alias(es, nicknames, name changes, etc.) Nicole Elyse Morris

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Plain Street

City Summit State NJ Zip 07901

Telephone [redacted] Email nicole.steiner@organon.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No	
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)			N/A
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?			N/A

Applicant's initials NS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of Arizona James E. Rogers College of Law			01/2020 - 08/2021
Address	**City**	**State**	**Zip**
1201 E. Speedway Blvd.	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Master's of Legal Studies (MLS)			

School Name			From - To (MM/YY – MM/YY)
Fairleigh Dickinson University			04/2012 - 10/2012
Address	**City**	**State**	**Zip**
1000 River Road	Teaneck	NJ	07666
Diploma/Degree obtained, if any			
Paralegal Certificate			

School Name			From - To (MM/YY – MM/YY)
Rutgers, The State University of New Jersey			09/2007 - 01/2012
Address	**City**	**State**	**Zip**
249 University Avenue	Newark	NJ	07102
Diploma/Degree obtained, if any			
Bachelor's Degree (BA)			

School Name			From - To (MM/YY – MM/YY)
Nottingham High School			09/2004 - 06/2007
Address	**City**	**State**	**Zip**
1055 Klockner Road	Hamilton	NJ	08619
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY
Steinert High School			09/2003 - 06/2004
Address	**City**	**State**	**Zip**
2900 Klockner Rd.	Trenton	NJ	08690
Diploma/Degree obtained, if any			
N/A - See Above.			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2020 - Current	[redacted] Plain Street	Summit	NJ	07901
08/2017 - 08/2020	100 Stone Hill Road, Apt.T7	Springfield	NJ	07081
06/2016 - 08/2017	532 E. Main Street, Unit 463	Bound Brook	NJ	08805
06/2015 - 06-2016	10 Mt. Pleasant Avenue, Apt. H103	Dover	NJ	07801
11/2014 - 06/2015	192 Hillside Avenue	Newark	NJ	07108
08/2012 - 11/2014	104 Tichenor Street, Apt A	Newark	NJ	07105
08/2010 - 08/2012	53 University Avenue, Unit 302	Newark	NJ	07102

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Organon (formerly Merck)			11/2020 - Current
Business Address	**City**	**State**	**Zip**
30 Hudson Street, 33rd floor	Jersey City	NJ	07203
Phone	**Title**	**Number of Employed Hours**	
60-610-5197	Sr. Spclst, Licensing, Distribution & Logistics	6024	
Description of Duties			
Ensure proper licenses and accreditations are in place to distribute products and continuously monitor state law changes as they apply to the distribution of commercial pharmaceutical products.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No	
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?			N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓	
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓	

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Nicole Steinz
Original Signature (electronic, copies or stamps not accepted)

07/14/2021
Date

Applicant's initials NS

I, Nicole E. Steiner, **certify that as the designated representative for**

Organon LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nicole Steiner

Print Name (First, Last)

Nicole Steiner

Original Signature (electronic, copies or stamps not accepted)

07/14/2021

Date

Applicant's initials NS

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.

Nicole Steiner

Print Name (First, Last)

Nicole Steiner — 07/14/2021

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Middlesex

I, Nicole Steiner, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Nicole Steiner — 07/14/2021

Original Signature — **Date**

Subscribed and Sworn to before me this 14 day of July.

Brianne Clarke

Notary Public Signature

BRIANNE A. CLARKE
NOTARY PUBLIC OF NEW JERSEY
Commission # 50142980
My Commission Expires 11/10/2025

BRIANNE A. CLARKE NOTARY PUBLIC NEW JERSEY

(Seal)

Applicant's initials NS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Organon LLC

Physical Address 30 Hudson Street, 33rd floor

City Jersey City State NJ Zip 07302

Mailing Address (if different from physical address) Nicole Steiner C/O Organon LLC: 30 Hudson St,33rd Flr,Mail Code 3311

City Jersey City State NJ Zip 07302

Telephone (445) 224-5549 Website www.organon.com

Licensing Company Email heather.koch@organon.com

Section 2: Personal Information

First Daniel Middle S. Last Fetzer

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]ocktown Flemington Road

City Flemington State NJ Zip 08822

Telephone [redacted] Email dan.fetzer@organon.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials DSF

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Bucknell University		09/86 – 06/90	
Address	**City**	**State**	**Zip**
One Dent Drive	Lewisburg	PA	17837
Diploma/Degree obtained, if any			
BS in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Trumbull High School		09/ -06/86	
Address	**City**	**State**	**Zip**
72 Strobel Road	Trumbull	CT	06611
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/04 - current	[redacted] Locktown Flemington Rd	Flemington	NJ	08822
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DSF

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Organon LLC			06/21 - Current	
Business Address		**City**	**State**	**Zip**
30 Hudson Street, 33rd Floor		Jersey City	NJ	07302
Phone	**Title**			
~~908~~ 445-224-5549	VP Finance			
Description of Duties				
Financial Planning & Analysis				

Business Name			From - To (MM/YY – MM/YY)	
Merck & Co. Inc			11/09 - 06/21	
Business Address		**City**	**State**	**Zip**
2000 Galloping Hill Road		Kenilworth	NJ	07033
Phone	**Title**			
908-740-4000	VP Finance			
Description of Duties				
Manufacturing Finance				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials DSF

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.

Daniel Fetzer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/14/21

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Hudson

I, Daniel Fetzer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/14/21

Date

Subscribed and Sworn to before me this 14 day of July 2021.

Notary Public Signature

NICOLE STEINER
NOTARY PUBLIC OF NEW JERSEY
Commission # 50108323
My Commission Expires 07/09/2024

(Seal)

Applicant's initials DSF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Organon LLC

Physical Address 30 Hudson Street, 33rd floor

City Jersey City State NJ Zip 07302

Mailing Address (if different from physical address) Nicole Steiner C/O Organon LLC: 30 Hudson St,33rd Flr,Mail Code 3311

City Jersey City State NJ Zip 07302

Telephone (445) 224-5549 Website www.organon.com

Licensing Company Email heather.koch@organon.com

Section 2: Personal Information

First Joseph Middle Brian Last Promo

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Green Grove

City Lincroft State NJ Zip 07738

Telephone [redacted] Email joe.promo@organon.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials JP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF MICHIGAN		1'94 - 12/1998	
Address	**City**	**State**	**Zip**
ANN ARBOR	ANN ARBOR	MI	48103
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
MICHIGAN STATE UNIVERSITY		9'87 - 12/1991	
Address	**City**	**State**	**Zip**
	EAST LANSING	MI	48823
Diploma/Degree obtained, if any			
BACHELOR'S DEGREE IN ECONOMICS			

School Name		From - To (MM/YY – MM/YY)	
NOTRE DAME HIGH SCHOOL		9'83 - 6/1987	
Address	**City**	**State**	**Zip**
	HARPER WOODS	MI	48225
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/10 - CURRENT	[redacted] GLEEN GROVE CT.	LINCROFT	NJ	07738
06/19 - CURRENT	28 GLEN RD.	LAKE ARIEL	PA	18436
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JP

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ORGANON & CO			2/21 - CURRENT
Business Address	**City**	**State**	**Zip**
30 HUDSON	JERSEY CITY	NJ	07302
Phone	**Title**		
908-209-8533	VP & TREASURER		
Description of Duties			
CORPORATE FINANCE & TREASURY			

Business Name			From - To (MM/YY – MM/YY)
MERCK & CO			9/08 - 2/21
Business Address	**City**	**State**	**Zip**
2000 GALLOPING HILL RD	KENILWORTH	NJ	07033
Phone	**Title**		
	EXEC. DIRECTOR		
Description of Duties			
CORPORATE FINANCE & TREASURY			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JOSEPH PROMO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/13/2021

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Hudson

I, JOSEPH PROMO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/13/2021

Date

Subscribed and Sworn to before me this 13 day of July 2021.

Nicole Steiner

Notary Public Signature

(Seal)

NICOLE STEINER
NOTARY PUBLIC OF NEW JERSEY
Commission # 50108323
My Commission Expires 07/09/2024

Applicant's initials JP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Organon LLC

Physical Address 30 Hudson Street, 33rd floor

City Jersey City State NJ Zip 07302

Mailing Address (if different from physical address) Nicole Steiner C/O Organon LLC: 30 Hudson St,33rd Flr,Mail Code 3311

City Jersey City State NJ Zip 07302

Telephone (445) 224-5549 Website www.organon.com

Licensing Company Email heather.koch@organon.com

Section 2: Personal Information

First Geralyn Middle S. Last Ritter

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Overlook Road

City Whitehouse Station State NJ Zip 08889

Telephone [redacted] Email geralyn.ritter@organon.com

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.) NO		X
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.) NO		X
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.)		X

Date of Service: From: N/A to: N/A

Military Occupation/Specialty N/A

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Johns Hopkins University			From - To (MM/YY – MM/YY): 1993 - 1994
Address: Massachusetts Ave., NW	City: Washington	State: DC	Zip:
Diploma/Degree obtained, if any: M.A. International Studies			
School Name: Stanford Law School			From - To (MM/YY – MM/YY): 1990 - 1993
Address:	City: Palo Alto	State: CA	Zip:
Diploma/Degree obtained, if any: J.D.			
School Name: Duke University			From - To (MM/YY – MM/YY): 1986-1990
Address:	City: Durham	State: NC	Zip: 27708
Diploma/Degree obtained, if any: B.A.			
School Name: James E. Taylor High School			From - To (MM/YY – MM/YY): 1982-1986
Address:	City: Katy	State: TX	Zip:
Diploma/Degree obtained, if any: Diploma			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/08 - present	[redacted] Overlook Rd	Whitehouse Station	NJ	08889
From - To (MM/YY – MM/YY)	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY)	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY)	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY)	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY)	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY)	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY)	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY)	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY)	Address:	City:	State:	Zip:

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Organon + Co			From - To (MM/YY – MM/YY): 6/21 – present	
Business Address: 30 Hudson St	City: Jersey City	State: NJ	Zip: 07302	
Phone: 908 745 9920	Title: EVP External Affairs			
Description of Duties: Global public policy + communications				

Business Name: Merck + Co, Inc.			From - To (MM/YY – MM/YY): 3/08 – 6/21	
Business Address: 2000 Galloping Hill	City: Kenilworth	State: NJ	Zip: 07033	
Phone: 908 740-1984	Title: SVP Corporate Governance			
Description of Duties: Corporate Secretary				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip	
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip	
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip	
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials JR

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
3/12/19	pending	NJ	Flemington	Hunterdon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
HNT-L-459-20	Superior Court of New Jersey

Reason/Charge
Auto accident

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Karen Freyer	Freyer vs. Ritter

Name of Business/Industry/Entity

Provide explanation below:

My adult son was involved in a minor fender-bender. [redacted] The plaintiff filed suit over a year later and included me as a defendant because I am the registered owner of the car.

Original Signature (electronic, copies or stamps not accepted)

7-20-21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Geralyn Ritter

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

July 20 2021

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Hudson

I, Geralyn Ritter, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

July 20 2021

Date

Subscribed and Sworn to before me this 20 day of July.

Notary Public Signature

NICOLE STEINER
NOTARY PUBLIC OF NEW JERSEY
Commission # 50108323
My Commission Expires 07/09/2024

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Organon LLC

Physical Address 30 Hudson Street, 33rd Floor

City Jersey City State NJ Zip 07203

Mailing Address (if different from physical address) Nicole Steiner C/O Organon LLC: 30 Hudson St,33rd Flr,Mail Code 3311

City Jersey City State NJ Zip 07203

Telephone (445) 224-5549 Website www.organon.com

Licensing Company Email heather.koch@organon.com

Section 2: Personal Information

First Faye Middle Christine Last Brown

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Hudson Street, FL 33

City Jersey City State NJ Zip 07302

Telephone [redacted] Email faye.brown1@organon.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials FCB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		City	State	Zip	From - To (MM/YY – MM/YY)
John Jay College					08/03 – 06/07
Address: 59th street Columbus Circle		NY	NY	10019	
Diploma/Degree obtained, if any: BA, Criminal Justice					
School Name: Talent Unlimited High School					09/99 – 06/03
Address		NY	NY	10065	
Diploma/Degree obtained, if any: High School Diploma					
School Name					From - To (MM/YY – MM/YY)
Address		City	State	Zip	
Diploma/Degree obtained, if any					
School Name					From - To (MM/YY – MM/YY)
Address		City	State	Zip	
Diploma/Degree obtained, if any					
School Name					From - To (MM/YY – MM/YY)
Address		City	State	Zip	
Diploma/Degree obtained, if any					

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/17 – Present	[redacted] Park Ave	Fort Lee	NJ	07024
03/16 – 03/17	2030 Hudson Street #1131	Fort Lee	NJ	07024
12/14 – 03/16	620 38th Street	Union City	NJ	07087
01/03 – 12/14	110 Post Avenue #204	New York	NY	10034
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials FCh

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Organon + Co.			From - To (MM/YY – MM/YY): 06/21 – Present	
Business Address: 30 Hudson Street, FL 33	City: Jersey City		State: NJ	Zip: 07302
Phone: 551-430-6225	Title: Assistant Secretary			
Description of Duties: Asst. Corporate Secretary – ~~asst~~ assist w/ public company board duties + responsibilities				

Business Name: Merck + Co., Inc.			From - To (MM/YY – MM/YY): 11/17 – 06/21	
Business Address: 2000 Galloping Hill Road	City: Kenilworth		State: NJ	Zip: 07033
Phone: 908 740 4000	Title: Assistant Secretary			
Description of Duties: Assist w/ public company board duties + responsibilities				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials FCB

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/14/2021
Date

Applicant's initials FCh

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.

Faye Brown

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/14/2021

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Hudson

I, Faye Brown, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/14/2021

Date

Subscribed and Sworn to before me this 14 day of July.

Nicole Steiner

Notary Public Signature

NICOLE STEINER
NOTARY PUBLIC OF NEW JERSEY
Commission # 50108323
My Commission Expires 07/09/2024

(Seal)

Applicant's initials FCB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Organon LLC

Physical Address: 30 Hudson Street, 33rd floor

City: Jersey City State: NJ Zip: 07302

Mailing Address (if different from physical address): Nicole Steiner C/O Organon LLC: 30 Hudson St,33rd Flr,Mail Code 3311

City: Jersey City State: NJ Zip: 07302

Telephone: (445) 224-5549 Website: www.organon.com

Licensing Company Email: heather.koch@organon.com

Section 2: Personal Information

First: Kara Middle: Ann Last: Rogers

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Washington Street Unit TH1

City: Boston State: MA Zip: 02118

Telephone: [redacted] Email: kara.rogers@organon.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: KER

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Tulane University School of Law		08/95-05/99	
Address	**City**	**State**	**Zip**
6329 Freret Street	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
Tulane University, A.B. Freeman School of Business		08/97-05/99	
Address	**City**	**State**	**Zip**
7 McAlister Drive	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Pennsylvania		09/92-05/95	
Address	**City**	**State**	**Zip**
	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Colby College		09/91-05/92	
Address	**City**	**State**	**Zip**
4000 Mayflower Hill	Waterville	ME	04901
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Buckingham, Browne & Nichols		09/87-06/91	
Address	**City**	**State**	**Zip**
80 Gerrys Landing Road	Cambridge	MA	02138
Diploma/Degree obtained, if any			
High School Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/17-date	[redacted] Washington Street Unit TH1	Boston	MA	02118
01/05-12/16	1500 Hudson Street Apt 5P	Hoboken	NJ	07030

Applicant's initials KOR

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Organon LLC			02/21-date
Business Address	**City**	**State**	**Zip**
30 Hudson Street, 33rd floor	Jersey City	NJ	07302
Phone	**Title**		
551.430.6000	Assistant Treasurer		

Description of Duties

Manage capital structure, ensure liquidity to fund operations, manage foreign exchange risk and manage working capital.

Business Name			From - To (MM/YY – MM/YY)
MSD Corp.			10/08-01/21
Business Address	**City**	**State**	**Zip**
2000 Galloping Hill Road	Kenilworth	NJ	07033
Phone	**Title**		
908.740.4000	Director, Global Treasury Services		

Description of Duties

Manage capital structure, ensure liquidity to fund operations and develop and execute cross-border integration and restructuring plans.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	✔	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

UJS 111

STATE OF SOUTH DAKOTA)
) IN MAGISTRATE COURT / CIRCUIT COURT
COUNTY OF LAWRENCE) EIGHTH JUDICIAL CIRCUIT

****

STATE OF SOUTH DAKOTA, Plaintiff

VS

KARA SANDLER, Defendant
Date of Birth: [redacted]

ORDER TO DISMISS MISDEMEANOR, DISCHARGE DEFENDANT AND SEAL RECORD (Deferred impositon of sentence without formal probation)

CASE NUMBER CRI 93-436

****

The defendant in the above captioned matter having (pleaded guilty) (been ~~found guilty by a jury~~) on the 25TH day of AUGUST, 19 93, of the offense(s) of DISPLAYING ANOTHER'S LICENSE, and the Court having deferred the imposition of sentence and having imposed conditions on the defendant on the 25TH day of AUGUST, 19 93,

IT appearing to the Court upon proper showing that the defendant has observed all the conditions imposed by the Court,

IT IS ORDERED that the above entitled action be, and hereby is, dismissed and the defendant discharged.

IT IS FURTHER ORDERED that all official records in this action be sealed, along with all recordation related to the defendant's arrest, indictment or information, trial, and dismissal and discharge.

IT IS FURTHER ORDERED that a non-public copy of this Order be forwarded to the South Dakota Division of Criminal Investigation, Office of the Attorney General, herein authorizing the same confidentiality of this record as that accorded to records sealed under SDCL 23A-27-16.

IT IS FURTHER ORDERED that the fingerprinting contributor request, from the Federal Bureau of Investigation, the return to the contributor of all fingerprint identifying data submitted to the Bureau for purposes of disqualifications or disabilities imposed by law for convictions of a crime.

Dated this 29 day of SEPTEMBER, 19 94.

BY THE COURT:

Magistrate/~~Circuit Court~~ Judge

ATTEST:

ALICE M. BRUCE, Clerk

_____, Deputy

COPIES TO: 1-Defendant, 1-Sheriff/PD, 1-DCI, certified, 1-State's Attorney

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 & 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
5/7/1993	9/29/1994	SD	Deadwood	Lawrence

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CRI 93-436	Deadwood Police Department/Lawrence County Magistrate Court

Reason/Charge
Displaying Another's License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
State of South Dakota vs. Kara Sandler	

Name of Business/Industry/Entity

Provide explanation below:

On May 7, 1993 I was arrested in Deadwood, South Dakota and subsequently charged with the misdemeanor offense of Displaying Another's License (State of South Dakota v. Kara Sandler, County of Lawrence, Case Number CRI 93-436). On August 25, 1993, through my attorney, I pled guilty to the charge of Displaying Another's License under South Dakota's Suspended Imposition of Sentence provisions and was placed on unsupervised probation for one year. On September 29, 1994, following the expiration of the one-year probation and pursuant to an Order to Dismiss Misdemeanor, Discharge Defendant and Seal Recorder an Order, the case was dismissed, and my record was sealed.

Kara A. Rogers

Original Signature (electronic, copies or stamps not accepted)

7/19/2021

Date

Applicant's initials KAR

STATE OF SOUTH DAKOTA	)	IN CIRCUIT COURT
	: SS	
COUNTY OF LAWRENCE	)	EIGHTH JUDICIAL CIRCUIT
STATE OF SOUTH DAKOTA, Plaintiff,	)	93-436
VS.	)	ORDER SUSPENDING IMPOSITION OF SENTENCE
KARA SANDLER, Defendant.	)	

An Information was filed in this Court on the 25th day of August, 1993, charging the Defendant with the crime of DISPLAYING ANOTHER'S LICENSE (SDCL 32-12-70).

The Defendant was arraigned on said Information and received a copy thereof on the 25th day of August, 1993. The Defendant's attorney Jerry Rachetto, and Hillary J. Brady as prosecuting attorney appeared at the Defendant's arraignment. The Court advised the Defendant of all constitutional and statutory rights pertaining to the charge that had been filed against the Defendant, including but not limited to the right against self-incrimination, the right on confrontation, and the right to a jury trial. The Defendant waived these rights and pled guilty to the charge of DISPLAYING ANOTHER'S LICENSE (SDCL 32-12-70), by an through her attorney Jerry Rachetto.

It is the determination of the Court that the Defendant has been regularly held to answer for said offense; that said plea was voluntary, knowing and intelligent; that the Defendant was represented by competent counsel; and that a factual basis existed for the plea.

Upon this 25th day of August, 1993, the Court being satisfied that the ends of justice and the best interest of the public as well as the Defendant will be served thereby and the Court receiving a plea of guilty to a crime that is not punishable by life imprisonment and the Defendant never before having been convicted of a crime which would constitute a felony in this State, this Court exercises is judicial clemency under SDCL 23A-27-13 and

FILED
Lawrence County, South Dakota
AUG 25 1993

with the consent of the Defendant.

IT IS HEREBY ORDERED that the imposition of sentence is suspended pursuant to SDCL 23A-17-13 and the Defendant is placed on probation for a period of 1 year upon the following terms and conditions:

(1) That the Defendant be on unsupervised probation for a period of one (1) year.

(2) That the Defendant pay a fine of $173.50 and costs of $26.50.

(3) That the Defendant violate no laws for a period of one (1) year.

IT IS FURTHER ORDERED that any bond posted herein be exonerated.

IT IS FURTHER ORDERED that the Court expressly reserves control and jurisdiction over the Defendant for the period of sentence imposed and that this Court may revoke the suspension at any time and reinstate the sentence without diminishment or credit for any of the time that the Defendant was on probation.

IT IS FURTHER ORDERED that the Court reserved the right to amend any or all of the terms of this Order at any time.

Dated this 25th day of August, 1993, at Deadwood, South Dakota.

BY THE COURT:

Joseph E. Ellingson

Joseph E. Ellingson
Law Trained Magistrate

ATTEST:

ALICE J. BRUCE

Clerk of Courts

BY: Deputy

The undersigned hereby admits service of the above Order and acknowledge receiving a copy of the conditions of probation and further consents to all conditions and terms set out herein.

Dated this _____ day of _____, 1993.

Defendant

FILED
Lawrence County, South Dakota
AUG 25 1993

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/13/1998	10/27/1998	LA	New Orleans	Orleans Parish
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
98-30582		First City Court of the City of New Orleans, Small Claims Division		
Reason/Charge				
Breach of contract				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Kara A. Sandler vs. Scott R. Hymel				
Name of Business/Industry/Entity				

Provide explanation below:

On October 13, 1998, I filed a claim (No. 98-30582) against Scott R. Hymel (the "Defendant") with the Small Claims Division of the First City Court, State of Louisiana. On June 16, 1998, I entered in an agreement with the Defendant whereby the Defendant agreed to sublet the apartment that I leased in New Orleans, Louisiana for one month. The Defendant breached our agreement by: (i) failing to pay all utilities per our agreement; (ii) failing to vacate the apartment for more than four weeks after the termination date of the agreement; and (iii) causing damage to the apartment. I filed this action after several attempts to resolve this matter with the defendant. On October 27, 1998 after the defendant failed to answer the complaint, I received a judgment in the amount of $1,012.89 plus interest and court costs. Please see attached Judgment.

Original Signature (electronic, copies or stamps not accepted)

7/19/2021
Date

Applicant's initials CAR

FORM 1007-SC

JUDGMENT

KARA A. SANDLER

Versus

SCOTT R. HYMEL

No. 98-30582

FIRST CITY COURT

of

THE CITY OF NEW ORLEANS

SMALL CLAIMS DIVISION

SECTION " A "

Defendant failing to appear and answer, and the legal delay in which to answer having elapsed and plaintiff making due proof of claim herein, It is ordered, adjudged and decreed that Plaintiff KARA A. SANDLER

have Judgment and recover of Defendant SCOTT HYMEL

in the full sum of $1,012.89 with legal interest from date of judicial demand and all costs of these proceedings.

VERIFIED

Judgment read, rendered and signed in open Court this 27TH. day of OCTOBER 19 98.

Judge.

TRUE COPY

Deputy Clerk, 1st City Court

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/17/2017	08/15/2017	MA	Nantucket	Nantucket

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
1788SC000056	Massachusetts District Court, Nantucket Division, Small Claims Session

Reason/Charge
Breach of warranty

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Kara Sandler vs. Afina Corporation	

Name of Business/Industry/Entity

Provide explanation below:

I purchased a lighted mirror through a retailer, which was shipped directly from the manufacturer. Upon receipt, it was discovered that the mirror was defective. The retailer made several requests to the manufacturer to issue a replacement. When those requests went unanswered, I contacted the manufacturer directly to make a warranty claim. The manufacturer denied that there was a manufacturing defect, while refusing to inspect it. Due to the unwillingness of the manufacturer to respond to the retailer's and my requests for a resolution, I filed an action in Small Claims Court. Following receipt of the claim, the manufacturer agreed to reimburse me in full in exchange. Upon receipt of the reimbursement check, I filed an Agreement for Judgment and Acknowledgment of Satisfaction of Judgment.

Original Signature (electronic, copies or stamps not accepted)

7/19/2021
Date

Applicant's initials KQR

AGREEMENT FOR JUDGMENT AND FOR PAYMENT ORDER

DOCKET NUMBER: 1788SC000056

Trial Court of Massachusetts
Small Claims Session

PLAINTIFF(S) WHO ARE PARTIES TO THIS AGREEMENT

Kara Sandler

VS.

COURT DIVISION: Nantucket District Court

DEFENDANT(S) WHO ARE PARTIES TO THIS AGREEMENT

Afina Corporation

☐ *Check here if defendant has moved and write new address above or on back of court copy*

REQUESTED DATE OF PAYMENT REVIEW

☐ *No payment review requested*

☐ **JUDGMENT FOR PLAINTIFF(S).** It is hereby agreed that in this small claim the Court may enter a judgment **for the plaintiff(s)** named above and **against the defendant(s)** named above for:

$ _____ DAMAGES

$ _____ COSTS

$ _____ ATTORNEY FEES
(if authorized by contract or statute)

☐ Plus PREJUDGMENT INTEREST from _____ *(date)* at the 12% statutory rate or the _____% contractual rate

☐ Prejudgment interest is waived by the plaintiff.

☐ Postjudgment interest is waived by the plaintiff.

PAYMENT ORDER. It is also agreed that the Court may enter a payment order that requires the defendant(s):

☐ to pay the plaintiff(s) the total amount of the judgment on or before _____ *(date)*

☐ to pay the plaintiff(s) $ _____ each ☐ week ☐ month beginning on _____ *(date)* until the total amount of the judgment is paid in full.

This payment order will not be satisfied with any exempt income listed on pg. 2 of this form.

☐ **REVISED PAYMENT ORDER.** In this small claim the Court has already entered a judgment and it is hereby agreed that the Court may revise that payment order as follows:

This payment order will not be satisfied with any exempt income listed on pg. 2 of this form.

☒ **SATISFIED IN FULL.** It is also agreed that this claim or judgment has already been satisfied in full.
(By court rule plaintiff(s) must file an acknowledgment of satisfaction with the court when the judgment has been paid in full.)

☐ **JUDGMENT FOR DEFENDANT(S).** It is hereby agreed that in this small claim the Court may enter a judgment **for the defendant(s)** named above, and the plaintiff(s) shall take nothing on this claim.

☐ **DISMISSAL.** It is hereby agreed that the Court may enter a judgment **dismissing** this small claim.

☐ **JUDGMENT ON COUNTERCLAIM.** It is also agreed that the Court may enter the following judgment on the **counterclaim** brought by the above-named defendant(s) against the above-named plaintiff(s):

OTHER PROVISIONS OR COMMENTS

Upon acceptance by the Court, a judgment and payment order will be entered in accordance with the above terms and will be enforceable as an order of the Court.

x _____ Kara Sandler _____ 8/15/17
SIGNATURE OF PLAINTIFF(S) OR ATTORNEY FOR PLAINTIFF(S) — PRINT NAME — DATE

x _____ -Pres Raymond V. Lombardo -Pres 8/8/17
SIGNATURE OF DEFENDANT(S) OR ATTORNEY FOR DEFENDANT(S) — PRINT NAME — DATE

RECORD OF COURT REVIEW *(For optional use by magistrate)*

☐ To be entered as court's judgment and/or payment order ☐ Agreement was submitted in open court and Rule 7(a) inquiry made of defendant(s) as to any payment order.

x _____
CLERK-MAGISTRATE / ASST. CLERK

ACKNOWLEDGMENT OF **SATISFACTION OF JUDGMENT**	DOCKET NUMBER 1788SC000056	**Trial Court of Massachusetts Small Claims Session**

PLAINTIFF(S) FILING THIS FORM

Kara Sandler

VS.

DEFENDANT(S)

Afina Corporation

COURT DIVISION

- ☐ BOSTON MUNICIPAL COURT _____ Division
- ☒ DISTRICT COURT Nantucket Division
- ☐ HOUSING COURT _____ Division

DATE THIS JUDGMENT WAS ENTERED

I (we) hereby certify under the pains of perjury that:

☒ I am (we are) the **plaintiff**(s) in the above-listed small claim or civil action,

☐ I am (we are) the **attorney**(s) **for the plaintiff**(s) in the above-listed small claim or civil action,

and that the judgment entered by this Court in this matter against the above-listed defendant(s) on the above-listed date has been **FULLY SATISFIED**.

x _____ PLAINTIFF	8/15/17 DATE	Kara Sandler PRINT NAME
x _____ ADDITIONAL PLAINTIFF	_____ DATE	_____ PRINT NAME
x _____ ADDITIONAL PLAINTIFF	_____ DATE	_____ PRINT NAME
x _____ ADDITIONAL PLAINTIFF	_____ DATE	_____ PRINT NAME

OR

x _____ ATTORNEY FOR PLAINTIFF(S)	_____ DATE	FILED BBO No.
x _____ ATTORNEY FOR PLAINTIFF(S)	_____ DATE	_____ BBO No.

NANTUCKET DISTRICT COURT

This document was developed under Grant 11-T-162 of the State Justice Institute. The form does not necessarily represent the official position or policies of the State Justice Institute.

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.

Kara A. Rogers

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/19/2021

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Hudson

I, Kara A. Rogers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/19/2021

Date

Subscribed and Sworn to before me this 19 day of July.

Nicole Steiner

Notary Public Signature

NICOLE STEINER
NOTARY PUBLIC OF NEW JERSEY
Commission # 50108323
My Commission Expires 07/09/2024

(Seal)

Applicant's initials KR 7

Waiting on list of employees.

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Provepharm, Inc.

Physical Address: 100 Springhouse Drive, Suite 105

City: Collegeville State: PA Zip Code: 19426

Telephone Number: 610-601-8600 Fax Number: 610-345-8115

Toll Free Number: _____

E-mail: statelicensing@provepharm.com Website: www.provepharm.com

Facility Manager: Martin Waga

Professional qualifications and experience of facility manager: _____
See attached resume.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)
Labeler code 81284

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.

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

Mary Jane Helenek
Print Name of Authorized Person

4/8/21
Date

Board Use Only	Date Processed:_____	Amount: 500 Check # 13329

Processed 4/19/21

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Provepharm SAS

Mailing Address: 100 Springhouse Drive, Suite 105

City: Collegeville State: PA Zip: 19426

Telephone: 610-601-8600 Fax: 610-345-8115

Contact Person: Martin Waga

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: _____

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.

Top Suppliers associated with products that were sold, dispensed, or distributed within 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

761

Certificate of Record

Certificate No. 9500000221

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Office/Corporate Location
No product onsite

PROVEPHARM, INC.
100 SPRINGHOUSE DRIVE
SUITE 105
COLLEGEVILLE, PA 19426

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: January 31, 2021

Expiration Date: The Last Day of February, 2022

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Alison V. Beam
Acting 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.

- **Provepharm, Inc.** 100 Springhouse Drive Suite 105; Collegeville, PA 19426
  Certificate(s): **9500000221** issued: 1/31/2021 expires: 2/28/2022

Back to DD&C Home

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Assembly Version 4.0.18274.4
Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Delaware

The First State

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

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

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

Jeffrey W. Bullock, Secretary of State

5021429 8300

SR# 20212723291

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

Authentication: 203691399

Date: 07-16-21

Provepharm Inc.

Provepharm, Inc. is a Provepharm Life Solutions company

Description of Operations

Provepharm, Inc. ("Provepharm") is a "virtual manufacturer that is a wholly-owned subsidiary of Provepharm Life Solutions. Provepharm's products are manufactured by contract manufacturers and distributed by their third-party logistics provider, Cardinal Health "SPS," who is licensed to ship pharmaceutical products into your state.

Product List

Piperacillin and Tazonbactam – NDC: 61990-0140-1, 61990-0150-1
Tranexamic Acid – NDC: 61990-0611-0, 61990-0611-2
Dihydroergotamine Mesylate – NDC: 61990-0411-0, 61990-0411-1, 61990-0411-2
Phenylephrine – NDC: 61990-0211-0, 61990-0211-3, 61990-0212-0, 61990-0212-2, 61990-0213-0, 61990-0213-1

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

These contract manufacturers manufacture Provepharm's product and packages finished product. At no time do they own the product, contract with Provepharm's customers, invoice nor sell any of Provepharm's product.

Third Party Logistics Provider

Cardinal Health SPS
15 Ingram Blvd.
La Vergne, TN 37086.
(615) 793-4400

Provepharm utilizes Cardinal "SPS" as the Third-Party Logistics provider to manage the storage and distribution of Provepharm's products.

Description of Facility

Provepharm does not handle, store or ship commercial product from its headquarters in Collegeville, Pennsylvania (it is used exclusively for office space). Provepharm uses Cardinal "SPS" as its Third-Party Logistics provider to manage the storage and distribution of our products.

Our hours of operation are Mon – Thurs 8:00am-5:00pm and Friday 8:00am – 1:00pm

Provepharm Inc.

Provepharm, Inc. is a Provepharm Life Solutions company

Ownership

Provepharm, Inc. ("Provepharm) is a privately held pharmaceutical company. Provepharm is a wholly-owned subsidiary of Provepharm Life Sciences, a France-based private corporation.

Company Info.

Provepharm, Inc.
100 Springhouse Drive Suite 105
Collegeville, PA 19426
(610) 601-8600
statelicensing@provepharm.com

Corporate Officers

Christian Neumann, President
Business Address: 22 Rue Marc Donadille 13013 Marseille , 13th Arrondissement, France F13013
Phone: +33-491086930
Ownership %: 0

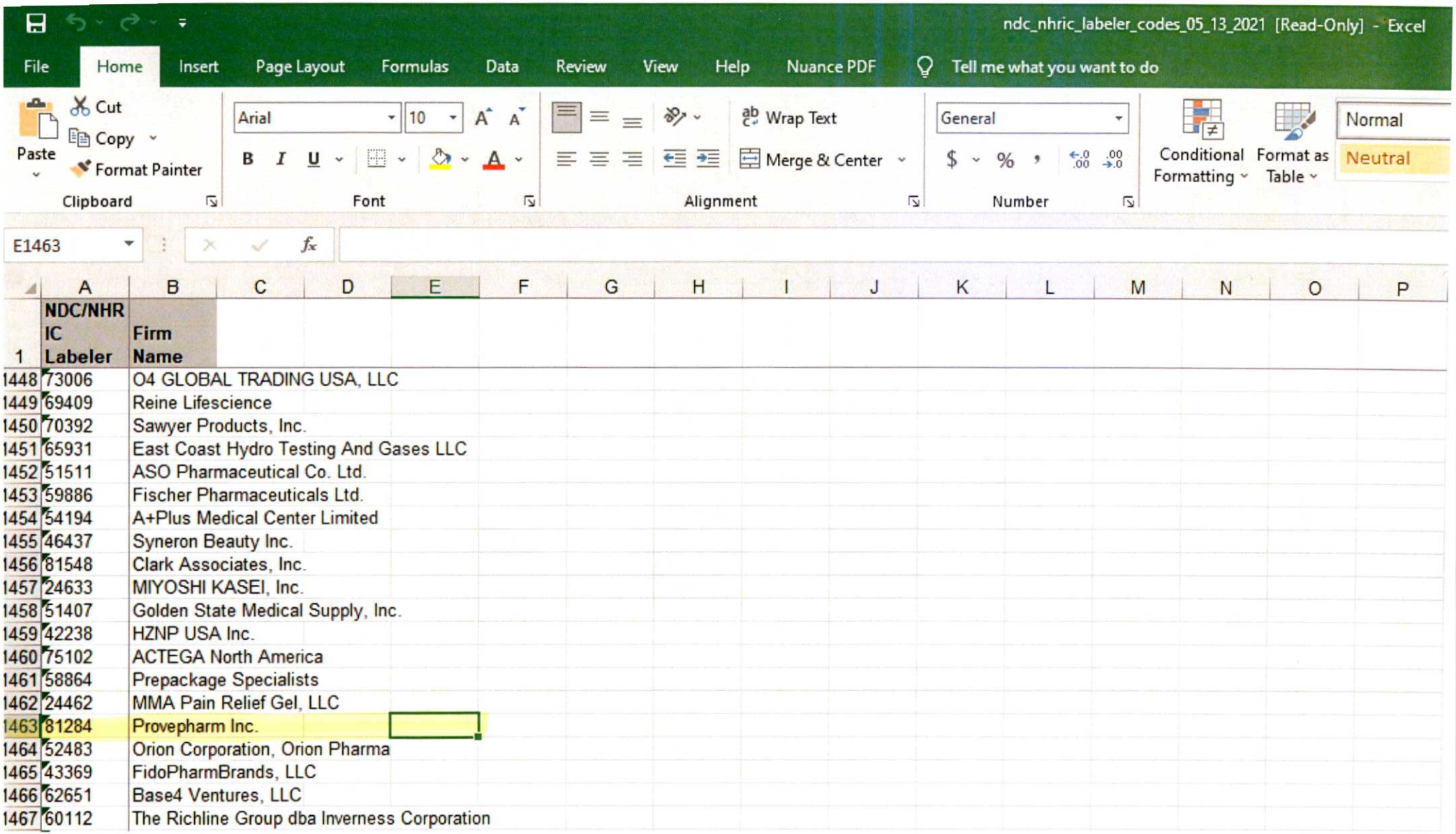
Mary Jane Helenek, Executive Vice President & COO
Business Address: 471 N Broadway #402 Jericho, NY 11753
Phone: (610) 601-8606
Ownership %: 0

Employee List

Provepharm
Life Solutions

09.01.2021

Contacts PVP Inc.:	Phone :	Cell :	Email Address:
ALLEN Elizabeth	(631) 457 3615		elizabeth.allen@provepharm.com
ANDRUS Karen	(561) 802 7293	908-591-7224	karen.andrus@provepharm.com
BARANCHO Robert	(561) 802 7292		barancho.robert@provepharm.com
GERGEL Lisa	(610) 496 1067		lisa.gergel@provepharm.com
GREENE Rich	(561) 802 7288	314-422-7280	rich.greene@provepharm.com
HELENEK Mary Jane	(610) 601 8606		mary-jane.helenek@provepharm.com
KOCH Todd	(610) 601 8605		todd.koch@provepharm.com
LENT Mary	(610) 601 8602		mary.lent@provepharm.com
MATHURA Ericka	(610) 601 8612		ericka.mathura@provepharm.com
NAVAROLI Andrea	(561) 802 7290	561-307-2335	andrea.navaroli@provepharm.com
NEUMANN Christian	6931	06.20.68.54.23	christian.neumann@provepharm.com
OBIKE Percy	(410) 979 3569		percy.obike@provepharm.com
PATEL Hema	(610) 513 0055		hema.patel@provepharm.com
PATHEK Arvind	(847) 924 2620		arvind.pathek@provepharm.com
TOKARS Marc	(610) 601 8603		marc.tokars@provepharm.com
VARANO Antonio	(267) 481 5177		antonio.varano@provepharm.com
WAGA Martin	(610) 601 8607		martin.waga@provepharm.com
MAIN OFFICE NUMBER	(610) 601 8600		
LARGE CONFERENCE ROOM	(610) 601 8601		
REGULATORY	(610) 601 8604		



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	NDC/NHRIC Labeler	Firm Name														
1448	73006	O4 GLOBAL TRADING USA, LLC														
1449	69409	Reine Lifescience														
1450	70392	Sawyer Products, Inc.														
1451	65931	East Coast Hydro Testing And Gases LLC														
1452	51511	ASO Pharmaceutical Co. Ltd.														
1453	59886	Fischer Pharmaceuticals Ltd.														
1454	54194	A+Plus Medical Center Limited														
1455	46437	Syneron Beauty Inc.														
1456	81548	Clark Associates, Inc.														
1457	24633	MIYOSHI KASEI, Inc.														
1458	51407	Golden State Medical Supply, Inc.														
1459	42238	HZNP USA Inc.														
1460	75102	ACTEGA North America														
1461	58864	Prepackage Specialists														
1462	24462	MMA Pain Relief Gel, LLC														
1463	81284	Provepharm Inc.														
1464	52483	Orion Corporation, Orion Pharma														
1465	43369	FidoPharmBrands, LLC														
1466	62651	Base4 Ventures, LLC														
1467	60112	The Richline Group dba Inverness Corporation														

Verified M.H 5/13/21

MARTIN T. WAGA

EMPLOYMENT HISTORY

Provepharm Inc.
Sr. Manager, Clinical Quality (Nov. 2019 – Present)
Manage the preclinical and clinical quality programs sponsors and support the GMP related activities for approved products.

- Provide day to day GCP consultation for clinical and regulatory affairs staff, reviews and approves study-related documents as required by SOPs and audit plans (e.g. protocols, Clinical Study Reports, Informed Consent, Case Report Form, etc).
- Responsible for making quality related decisions for all on-going studies.
- Determine the frequency of audits of study documents and Trial Master Files.
    - Prepares and maintains audit schedules for investigational sites as needed;
    - Performs audits of representative samples of investigator sites participating in clinical studies at various stages of process conduct (phases I to IV);
    - Reviews Investigator Study File to assess compliance with Regulations;
    - Prepares, executes assessments/audits and write reports; interacts with external auditors and oversee their auditing activities; coordinates site and vendor inspections.
- Prepare and maintain audit schedules for GxP vendors and consultants.
    - Performs audits/assessment of vendors to ensure they are acceptable for the responsibilities being contracted to them;
    - Maintain a Supplier qualification, preferred vendor list based on performed audits;
    - Issues audit reports, establish corrective measures and track resolution to audit observations.
    - Perform Final Depot Clinical Trial Material batch releases for all Provepharm studies
    - Review and approve all Clinical Trial Material packaging and labeling
    - Conduct investigations as needed for all Clinical Trial Material
    - Conduct Contract Manufacturing Organization audits and product quality complaints

Organize and oversee SOP and GCP training activities.

- Prepares GCP training curriculum;
- Prepares and maintains role specific training curricula.

Aptalis/Crenum LLC
Sr. Manager, Clinical Quality (May 2017 – Oct. 2019)
Manage the preclinical, clinical and animal health quality programs sponsors and support the GMP related activities for approved products.
Supports Clinical Quality Assurance and Compliance activities and Quality Management Processes for the clinical and regulatory affairs groups (development and maintenance of SOPs, Investigation Reports, CAPA, deviations, etc.).
Prepares and negotiates Quality Agreements with vendors and providers of clinical services.

- Perfrom GxP qualifcation of manufacturing CMO facilities, study Depot, and packaging and labeling organizations
- Perfrom Batch record review and approval of sponsor CTM

Luitpold Pharmaceuticals
Manager, Clinical Quality Assurance (March 2014 – April 2017); (2 Direct reports)

- Manage the Clinical Quality Assurance Department and oversee the GVP, GCP and GLP quality systems.
- Manage the Medical Device Quality Management system and act as the "Management Representative" for the Medical Device Quality Program.
    - Perform CMO qualification and audits
    - Responsible for all medical device batch record review and final commercial release
    - Oversee MDR and quality complaints for all medical device products
    - Host and act as primary point of contact for all regulatory inquiries and inspections

  - Responsible for oversight on product specifications and manufacturing activities and vendor selection.
- Responsible for maintaining quality and ensuring that studies, documents, and submissions to regulatory agencies meet required industry and government standards. Ensure adherence to company policies, SOPs and quality systems supporting the clinical operations department.
- Perform and manage quality audits of vendors, clinical sites, and partners to ensure compliance with regulation, PV agreements and SOPs. Host GVP, GCP, and GLP regulatory and partner inspections.
- Luitpold liaison for GCP, GVP, and GLP to global Daiichi Sankyo Quality Assurance.
- Oversee the development and maintenance of Clinical Operations SOP's.

Medidata Solutions Worldwide
Manager, Quality and Regulatory Affairs (March 2012 - March 2014); (4 Direct reports)
Responsible for overseeing the operational and business-related operations of the Quality & Regulatory Affairs Department (Operations); including the customer and partner audit program, the Deviation/Corrective and Preventive Action (CAPA) and Exception programs. Interact with all levels of management and personnel within Medidata, as well as auditors and representatives from Medidata's customers and partners. Perform internal and external vendor audits.

- Manage the scheduling, preparations, hosting (Regulatory and Customer Inspections), and follow-up of customer and partner audits of Medidata. Responsible for providing oversight of the Document Management program. Provide regulatory guidance on internal and external computer systems validation.

ePharmaSolutions
Sr. Manager Quality Assurance & Quality Control (Feb. 2010 - March 2012); (4 Direct reports)
Manage and perform resource planning for quality assurance and quality control personnel for the ePharmaSolutions organization. Ensure departmental objectives are aligned with company strategy and regulatory requirements. Provide guidance to clinical operations, software development, and testing groups regarding regulatory and process requirements for key project deliverables. Created and managed the ePharmaSolutions QMS as well as host all regulatory and customer inspections.

- Expanded the quality assurance and quality control groups to oversee the quality and process reviews for Software Development, Clinical Operations, Patient Recruitment, Site Feasibility, Rater training, Help Desk and eLearning.

Phase Forward (Currently Oracle)
Manager, Quality Assurance (April 2008 - Dec. 2009); (5 Direct reports)
Responsible for hosting client/regulatory due diligence and in-process audits. Managed and executed the Phase Forward IRT internal and vendor quality program. Addressed all Phase Forward IRT audit remediation, customer escalations, and inquiries. Provided QA oversight on the validation of CORE and client systems. Reviewed and approved SOP's, System Specifications, Validation, and Testing.

TRANSAVE Inhalation Bio therapeutics
GCP Auditor, Quality Assurance (Nov. 2007 – April 2008)
Served as Clinical QA lead for the TRANSAVE cystic fibrosis and lung cancer programs. Responsible for developing and executing a comprehensive clinical audit plan to manage vendors, clinical sites, and Trial Master Files. Reviewed and approved pre-clinical and clinical protocols, clinical SOP's, Clinical Study Reports, Adverse Reports, and packing and labeling for Clinical Trial Material.

- Conducted global audits on CRO's, Central Labs, IRBs, drug supply vendors, Contract Manufacturing Organizations, Supply Deports and clinical sites according to an approved audit plan.

Palatin Technologies, Inc.,
Specialist, Quality Assurance (September 2005-October 2007)

Responsible for all GCP and GLP internal and external auditing; vendor audits, clinical site audits, process audits, service provider audits, computerized system audits, and Trial Master File (TMF) audits. Reviewed and approved all clinical SOP's, served as liaison to Clinical Affairs and collaborative partners regarding clinical QA issues. Participated with audit follow-ups and assigned Corrective Action Preventative Action (CAPA) measures on audit findings.

RadPharm, Princeton,
GCP Auditor, Quality Assurance (July 2004-September 2005)
Performed internal quality audits to ensure data integrity, compliance and continued improvements to RadPharm processes. Reviewed and approved source documents, clinical research forms (CRF's) notes to file, and clinical study reports. Conducted external supplier audits to ensure compliance with regulatory, protocol and business requirements of RadPharm.

Schering-Plough Corporation
Specialist, Global Quality Systems Management (Contract) (Jan. 2004-July 2004)
Performed internal audits on Schering-Plough's electronic data management system and assisted in the transfer of all metrics into the newly designed Enterprise quality system. Investigated and assessed qualifications for contract manufacturers, labs, suppliers, and clinical research sites.

ImClone Systems Incorporated
QA Compliance Coordinator (Jan. 2003-Dec-2003)
Conducted compliance audits and reviews on; Non-Conformance Events (Deviations), Change Controls, validation packages, batch records, and environmental monitoring logs. Served as liaison between QA Compliance and all departments to assist in the closure of Non-Conformance Events (Deviation's), Change Controls, audit observations and corrective and preventative actions (CAPA's). Managed and provided corporate training on ImClone Systems Non-Conformance Event and Change Control Systems.

Fieve Clinical Services, Inc. New York, New York
Clinical Research Coordinator 2002- Jan. 2003
Responsible for assisting the primary and sub investigator recruit and screen candidates for ongoing clinical trials. Interfaced with CRA's and auditors during site visits and audits. Insured site compliance through GCP and protocol reviews of source documents, 1572's, informed consent forms, lab reports, CRF's, IRB approvals, and drug accountability verifications.

EDUCATION
Rutgers University, Cook College
New Brunswick, NJ 2000

PROFESSIONAL AFFILIATIONS
American Society of Quality (ASQ)
Society of Quality Assurance (SQA)
Association of Clinical Research Professionals (ACRP)

COMPUTER SKILLS
Microsoft (Word, Excel, Access, Spreadsheet, Outlook, Visio, Project, and PowerPoint), Adobe, Study Manager, Oracle Clinical, Lotus Notes, Document Tracking System, File Tracker, Track Wise, SharePoint, Title 21 (Quality Manager), Bugzilla, JIRA, Rally, Wimmer, SQL, Remedy, Resolve, Secure Document Exchange (SDE), ASP Runner, HP LoadRunner, Sapphire LIMS, Clinical Trial Portal (CTP), DocuShare, PV Works, and Veeva vault.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Provepharm, Inc.

Physical Address 100 Springhouse Drive, Suite 105

City Collegeville State PA Zip 19426

Mailing Address (if different from physical address) 100 Springhouse Drive, Suite 105

City Collegeville State PA Zip 19426

Telephone 610-601-8600 Website www.provepharm.com

Licensing Company Email statelicensing@provepharm.com

Section 2: Personal Information

First Martin Middle _____ Last Waga

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Springhouse Drive, Suite [redacted]

City Collegeville State PA Zip 19426

Telephone [redacted] Email martin.waga@provepharm.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials MW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rutgers University			
Address	**City**	**State**	**Zip**
57 US Highway 1	New Brunswick	NJ	08901
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2000 - Current	98 Indiana Road	Landisburg	PA	17040
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Provepharm Inc.			November 2019 - Present
Business Address	**City**	**State**	**Zip**
100 Springhouse Drive, Suite 105	Collegeville	PA	19426
Phone	**Title**	**Number of Employed Hours**	
610-601-8600	Sr. Manager, Clinical Quality		

Description of Duties
Conduct Contract Manufacturing Organization audits and product quality complaints. Performs audits/assessment of vendors to ensure they are acceptable for the responsibilities being contracted to them.

Business Name			From - To (MM/YY – MM/YY)
Aptalis/Crenum LLC			05/17 - 10/19
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
	Sr. Manager, Clinical Quality	5040	

Description of Duties
Prepares and negotiates Quality Agreements with vendors and providers of clinical services. Perfrom GxP qualifcation of manufacturing CMO facilities, study Depot, and packaging and labeling organizations

Business Name			From - To (MM/YY – MM/YY)
Luitpold Pharmaceuticals			03/14 – 04/17
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
	Manager, Clinical Quality Assurance		

Description of Duties
Manage the Clinical Quality Assurance Department and oversee the GVP, GCP and GLP quality systems.

Business Name			From - To (MM/YY – MM/YY)
Medidata Solutions Worldwide			03/12 - 04/14
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
	Manager, Quality and Regulatory Affairs		

Description of Duties
Responsible for overseeing the operational and business-related operations of the Quality & Regulatory Affairs Department (Operations).

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Mark Wagner
Original Signature (electronic, copies or stamps not accepted)

18 Aug 2021
Date

Applicant's initials MW

I, Martin Waga, **certify that as the designated representative for**

Provepharm, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Martin Waga

Print Name (First, Last)

Martin Waga

Original Signature (electronic copies or stamps not accepted)

18 Aug 2021

Date

Applicant's initials MW

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.

Martin Waga
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

18 Aug 2021
Date

Please have this section completed in the presence of a Notary Public.

State of Pa, ss. County of Montgomery

I, Martin Waga, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

18 Aug 2021
Date

Subscribed and Sworn to before me this 18 day of Aug 2021.

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Stacy Lee Elenback, Notary Public
Montgomery County
My Commission Expires February 26, 2024
Commission Number 1295817

(Seal)

Applicant's initials MW

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. 810007621

Application/License No. _____

Provepharm, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 100 Springhouse Dr, Suite 105, Collegeville, Pennsylvania 19426-4709, United States (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a 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 (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 January 27, 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 27th day of January, 20 21.

APPLICANT/PRINCIPAL

Provepharm, Inc

Mary Jane Hilbert
Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Craig H. Meeker, 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

intact INSURANCE

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: **Craig H. Meeker**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 27th day of January, 2021.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Radha Pharmaceuticals Inc.

Physical Address: 330 Oser Avenue

City: Hauppauge State: New York Zip Code: 11788-3630

Telephone Number: 631-434-2723 Fax Number: 631-357-3178

Toll Free Number: Not Applicable

E-mail: info@radhapharm.com Website: https://radhapharm.com

Facility Manager: Saketh Pailla REDDY

Professional qualifications and experience of facility manager: Please refer annexure.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers
☐ Other: Third Party Logistics Distributors

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☑
(If yes, provide a copy of your FDA registration)

m.H Labeler Code 7777

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: ScieGen Pharmaceuticals Inc.
Address: 89 Arkay Drive, Hauppauge, New York 11788-3727

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: Yet to be licensed.

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

Saketh Pailla REDDY — 04/20/2021

Print Name of Authorized Person — Date

Board Use Only	Date Processed:_____	Amount: $500 check# 21621

Processed 6/17/21

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: ScieGen Pharmaceuticals Inc.

Mailing Address: 89 Arkay Drive

City: Hauppauge State: New York Zip: 11788-3727

Telephone: 631-434-2723 Fax: 631-357-3178

Contact Person: Gabriel ANTONY RAJ

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

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

a) ScieGen Pharmaceuticals Inc. (Name) 89 Arkay Drive, Hauppauge, New York 11788-3727 (Business Address)

b) _____ (Name) _____ (Business Address)

c) _____ (Name) _____ (Business Address)

d) _____ (Name) _____ (Business Address)

2) Provide the number of shares issued by the corporation. 200

3) What was the price paid per share? No par value

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: Not Applicable.

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

2020-23

NAME OF SUPERVISOR
SAKETH P. REDDY

THIS IS TO CERTIFY

RADHA PHARMACEUTICALS INC.
330 OSER AVE.
HAUPPAUGE, NY 11788-3630

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 THIRD DAY OF DECEMBER, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF NOVEMBER, 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

038489

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

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NYSED.gov

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 *

12/22/2020

Type : WHOLESALER
Legal Name : RADHA PHARMACEUTICALS INC.
Trade Name :
Street Address :
330 OSER AVE.
HAUPPAUGE, NY 11788-3630

Registration No : 038489
Date First Registered : 12/03/20
Registration Begins : 12/03/20
Registered through : 11/30/23
Supervisor : REDDY SAKETH P
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.

788

THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY, Lawrence H. Mokhiber, Executive Secretary
89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000
Tel. (518) 474-3817, ext. 130; Fax (518) 473-6995
E-mail: pharmbd@nysed.gov ; Web: www.op.nysed.gov

May, 2017

Verification of an In State or Nonresident Pharmacy, Manufacturer/Repacker/Wholesaler or individuals Licensed in New York:

Online verification of the registration status of an in State or Nonresident pharmacy, and/or manufacturer/repacker/wholesaler, as well as the license and registration status of licensed professionals, can be performed free of charge at http://www.op.nysed.gov/opsearches.htm. An additional search can be performed on each verification screen to determine if an establishment or licensee has been disciplined by this Department at http://www.op.nysed.gov/opd/rasearch.htm

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

Verification of Licensed Professionals (not establishments):

The Board Office cannot provide letters of good standing or license verification; however, the Certification/Verification Unit can provide documentation that will likely meet your needs.

A form must be submitted with the appropriate fee for either a certification or verification of a license. The difference between certification and verification is explained on the form which is available at http://www.op.nysed.gov/opcertvertinfo.htm

I hope this information is helpful.

Thank you.

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of RADHA PHARMACEUTICALS INC. was filed on 08/10/2020, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

I further certify that no other documents have been filed by such corporation.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 01st day of April two thousand and twenty-one.

Brendan C. Hughes
Executive Deputy Secretary of State

202104020147 * 9I

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy for RADHA PHARMACEUTICALS INC., File Number 200810010738 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and offical seal of the Department of State, at the City of Albany, on January 07, 2021.

Brendan C. Hughes
Executive Deputy Secretary of State

Rev. 10/2020

Authentication Number: 2101071021 To verify the authenticity of this document you may access the Division of Coporation's Document Authentication Website at http://ecorp.dos.ny.gov

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through December 21, 2020.

Selected Entity Name: RADHA PHARMACEUTICALS INC.

Selected Entity Status Information

Current Entity Name: RADHA PHARMACEUTICALS INC.
DOS ID #: 5808859
Initial DOS Filing Date: AUGUST 10, 2020
County: SUFFOLK
Jurisdiction: NEW YORK
Entity Type: DOMESTIC BUSINESS CORPORATION
Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)
RADHA PHARMACEUTICALS INC.
330 OSER AVENUE
HAUPPAUGE, NEW YORK, 11788

Registered Agent

NONE

This office does not record information regarding the names and addresses of officers, shareholders or directors of nonprofessional corporations except the chief executive officer, if provided, which would be listed above. Professional corporations must include the name(s) and address(es) of the initial officers, directors, and shareholders in the

initial certificate of incorporation, however this information is not recorded and only available by viewing the certificate.

***Stock Information**

# of Shares	Type of Stock	$ Value per Share
200	No Par Value	

*Stock information is applicable to domestic business corporations.

Name History

Filing Date	Name Type	Entity Name
AUG 10, 2020	Actual	RADHA PHARMACEUTICALS INC.

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

Search Results New Search

Services/Programs | Privacy Policy | Accessibility Policy | Disclaimer | Return to DOS Homepage | Contact Us

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 08-11-2020

Employer Identification Number:
85-2448908

Form: SS-4

Number of this notice: CP 575 A

RADHA PHARMACEUTICALS INC
7 OSER AVE
HAUPPAUGE, NY 11788

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 85-2448908. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 01/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods.*

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election.* See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation.*

(IRS USE ONLY) 575A 08-11-2020 RADH 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 RADH. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

License Status

Site	State(s)	License Number	License Type	Initial Issue Date	Renewal Date	Status
1	Alaska	174590	Out-Of-State Wholesale Drug Distributor	3/30/2021	6/30/2022	Licensed
2	Arkansas	WD05524	Wholesale Distributor	4/5/2021	12/31/2022	Licensed
3	Connecticut	CSW.0004843	Wholesaler of Drugs	3/5/2021	6/30/2021	Licensed
4	Idaho	M61595	Virtual Manufacturer	4/14/2021	12/31/2021	Licensed
5	Illinois	004005038	Wholesale Drug Distributor	4/16/2021	12/31/2022	Licensed
6	Iowa	41401	Wholesale Broker / Virtual Manufacturer	4/5/2021	12/31/2021	Licensed
7	Ohio	0130000301	Wholesaler - Category 2	12/30/2020	6/30/2021	Licensed
8	Oklahoma	#88-W-6838	Wholesale Distributor	3/12/2021	3/31/2022	Licensed
9	Oregon	M-0003552	Manufacturer	4/15/2021	9/30/2021	Licensed
10	New Jersey	5005923	Wholesaler	4/5/2021	1/31/2022	Licensed
11	New York	038489	Wholesaler of Drugs	12/3/2020	11/30/2023	Licensed
12	Tennessee	00006597	Wholesale Distributor	4/8/2021	4/30/2023	Licensed
13	Texas	1003146	Wholesale Distributor	3/17/2021	1/12/2023	Licensed
14	Washington	PHWH.FX.61157206	Pharmaceutical Wholesaler License	03/00/2021	9/30/2021	Licensed

Labeler - Radha Pharmaceuticals, Inc. (117634222) **NDC Labeler Code:** 77771

Contact	Address	Telephone Number	Email
Raghu Ram PANNALA	Address: 330 Oser Ave, City, State, Zip: Hauppauge, NY, 11788-3727 Country: USA	+631-487-1624	raghuramp@sciegenpharm.com

Labeler Detail

Name	Address	ID/FEI	Business Operations
Radha Pharmaceuticals, Inc.	Address: 330 Oser Ave, City, State, Zip: Hauppauge, NY, 11788-3727 Country: USA	117634222	distributes drug products under own private label(Distributes human prescription drug products), (Distributes human over-the-counter drug products)

Revised: 8/2020

Drug Establishments Current Registration Site

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

New Search

Search Results for **Radha**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Radha Pharmaceuticals, Inc.	3018199453	117634222	LABEL;	330 Oser Avenue, Hauppauge, New York (NY) 11788-3630, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Wednesday, Aug 18, 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 | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
1-888-INFO-FDA (1-888-463-6332)

Contact FDA

Verified
M.H 9/16/21

Maria Herrera

From: Gabriel Antony Raj <gabriel@sciegenpharm.com>
Sent: Friday, September 10, 2021 6:50 AM
To: Maria Herrera
Cc: Raghuram Pannala
Subject: RE: Radha Pharmaceuticals Inc.
Attachments: List of Employees.xls

Follow Up Flag: Follow up
Flag Status: Flagged

Hi **Maria**,

As you well aware, Radha pharmaceuticals Inc – a virtual manufacturer, virtual wholesaler, and subsidiary of ScieGen Pharmaceuticals Inc.

Please find attached herewith list of employees.

Thank You,

Best regards,
Gabriel Antony Raj

ScieGen Pharmaceuticals, Inc.
Hauppauge, New York 11788
Tel: + 1 631 434 2723
Fax: + 1 631 357 3178
Mob: + 1 516 477 5714

ScieGen Pharmaceuticals Inc.

From: Maria Herrera [mailto:m.herrera@pharmacy.nv.gov]
Sent: Thursday, September 9, 2021 4:30 PM
To: Gabriel Antony Raj
Cc: Raghuram Pannala
Subject: Radha Pharmaceuticals Inc.

Hi Gabriel,

Hope this email finds you well.

We are working on finalizing the list for the October Board Meeting, and we wanted to add Radha Pharmaceuticals Inc. However we need an employee list pursuant to NRS 639.220(1), could you please provide this list before the end of the day tomorrow? Email is acceptable.

Thank you,

Maria H.

ScieGen Pharmaceuticals Inc.

LIST OF EMPLOYEES
MANUFACTURING/PACKAGING

Se. No	Name of the Person	Date of Joining	Designation
1	Subba Reddy Vattigunta	11/14/16	Asst vice president
2	Pashupathinath, Siddamshetty	03/19/12	Sr.Manager
3	Chaithanya, Kukunoor	10/01/10	Manager
4	Gopichand Reddy Kalakota	07/16/13	Depty Manager
5	Sanjay Sarisa	10/20/14	Asst. Manager
6	Narasimha Rao Gottipati	04/20/15	Sr. Executive
7	Swathi Surabhi	10/20/15	Sr.Officer
8	Mahinur Sharan	02/29/16	Officer
9	Narender Kumar Pillodi	06/23/16	Asst. Manager
10	Avinash Parisa	07/20/16	Technical Trainee Executive
11	Navatha Bussa	02/01/17	Officer
12	Durga Prasad Mukkanala	10/06/17	Executive-1
13	Salini Allaparthi	04/01/17	Officer
14	Srujana Pulluru	11/02/16	Officer
15	Anurag Kulkarni	07/13/18	Supervisor
16	Srinivas Mudigonda	10/02/18	Executive-1
17	E. Rajesh Kumar Reddy	7/8/2019	Sr.Officer
18	Vamsi Srinivas Konijeti	10/29/2019	Supervisor
19	Subathra Velusamydandian Muthulekshmi	6/10/2020	Associate

ScieGen Pharmaceuticals Inc.

LIST OF EMPLOYEES
MANUFACTURING/PACKAGING

Se. No	Name of the Person	Date of Joining	Designation
20	Mohiuddin Ahmed	6/22/2020	Junior Officer
21	Md Rashdul Abedin Khandakar	7/23/2020	Junior Officer
22	Meenakshi Kothlapuram	8/12/2020	Trainee
23	Rajasekhar Reddy G	9/15/2020	Junior Officer
24	Shweta Tushar Kudale	1/12/2021	Validation Engineer-E-1
25	Sweety Sharma	5/3/2021	Trainee Officer
26	Rahul Khurana	6/8/2021	Officer
27	Swapnil Pramod Chaudhari	6/21/2021	Trainee Officer
28	Vinod A Chauhan	7/6/2021	Sr.Officer
29	Kalyan Kumar Meka	12/05/11	Associate director
	Manufacturing / Packaging Supporting Team & Operators		
30	Membreno, Marco	8/18/2010 (2009)	Machine Operator
31	Jubil Mathew	10/1/2013(1/2/2014)	Machine Operator
32	Orquidea Vargas	07/23/14	Maintenance Support
33	Maria Ulloa-(Molina)	10/27/14	ESPIRITU
34	John Ceballos N	12/17/14	Maintenance Support to operator
35	Jose L Lopez	01/29/15	Junior Supervisor

ScieGen Pharmaceuticals Inc.

LIST OF EMPLOYEES
MANUFACTURING/PACKAGING

Se. No	Name of the Person	Date of Joining	Designation
36	Wuendy Campos Aparicio	01/30/15	Maintenance Support
37	Adonis U Mayen	01/31/13(2/5/2015)	Machine Operator
38	Neftali W Argueta	03/04/15	Machine Operator
39	Rocio G Zuta De Buleje	04/05/15	Maintenance Support
40	Erick A Garcia	04/06/15	Machine Operator
41	Flor Ortiz	07/13/15	Maintenance Support
42	Thelma Lizama	07/29/15	Maintenance Support
43	Thelma Flores	10/21/15	Maintenance Support
44	Elsa Hernandez-(Trejo)	08/17/15	Maintenance Support
45	Popy Chowdury	05/01/16	Supporting Team
46	Syed M Baki	04/05/16	Machine Operator
47	Pronati R. Sanyal	06/01/16	Supporting Team
48	Elbia Diaz	08/21/15	Supporting Team
49	(Raquel Cruz) Fidelia R Cruz	04/01/15	Supporting Team
50	Sofi Canario	Agosto	Supporting Team
51	Ana C. Alvarado	05/23/16	Supporting Team
52	Rudy Torres	12/22/16	Trainee Operator
53	Farnendu Das Subir	06/13/16	Machine Operator
54	Ronald Torres	10/27/16	Machine Operator

ScieGen Pharmaceuticals Inc.

LIST OF EMPLOYEES
MANUFACTURING/PACKAGING

Se. No	Name of the Person	Date of Joining	Designation
55	MD M. Rahman	09/19/16	Machine Operator
56	Kenia Alfaro	10/13/16	Supporting Team

ScieGen Pharmaceuticals Inc.

LIST OF EMPLOYEES
MANUFACTURING/PACKAGING

Se. No	Name of the Person	Date of Joining	Designation
57	Bruno Ceballos	02/01/16	Supporting Team to Operator
58	MD. Dalowar Hossain	02/19/17	Operator
59	Torikul Islam	07/09/19	Operator
60	Carlos Oreral Brea Genao	03/20/17	Supporting Team to Operator
61	Patricio Reyes	03/20/17	Supporting Team
62	Jalal Khan	07/25/17	Supporting Team to Operator
63	Anwar Hossain	12/27/16	Operator
64	Luis Chavez	08/21/17	Operator
65	Robiul Alam	10/02/17	Operator
66	Mohammed Hossain	09/25/17	Supporting Team to Operator
67	Moniruzzaman Khan	10/05/17	Operator
68	Angel Carrera Avila	08/03/14	Operator
71	Xiomara Elizabeth Urias C	01/30/18	Supporting Team
72	Wilson Subasar	01/13/15	Supporting Team
73	Mohammad H Rashid	05/24/16	Operator
74	Doris Fuentes	6/22/2015	Supporting Team
75	MD Motiar Rahman	04/05/16	Machine Operator
76	Shamsuddin A. Chowdhury	05/16/16	Set-Up Operator
78	Adelso Dubon	10/01/16	Supporting Team

ScieGen Pharmaceuticals Inc.

LIST OF EMPLOYEES
MANUFACTURING/PACKAGING

Se. No	Name of the Person	Date of Joining	Designation
79	Ivan Estrada	01/12/15	Operator
81	MD Abul Hashem	12/01/16	Operator
82	Marina Perla	01/16/18	Supporting Team
83	Josue Ivan Hernandez Mayen	04/05/17	Supporting Team
84	Dewan Abdur Rahman	05/10/18	Supporting Team
86	Yelitza Maria Vargas Gabrera	6/5/2018	Supporting Team
87	Pinaki Roy Chowdhury	8/24/2018	Operator
89	Raul Armando Rodriguez Mejia	8/17/2018	Operator (Granulation)
90	Jayaram Thapa	10/23/2018	Operator
91	Rokibul Alam	10/26/18	Supporting Team
92	Mohammad Abdul Wadud	10/17/18	Operator
94	Sorangel Mendez	09/29/18	Operator

CERTIFICATE OF INCORPORATION
OF
RADHA PHARMACEUTICALS INC.

Under Section 402 of the Business Corporation Law

I, the undersigned, a natural person of at least 18 years of age, for the purpose of forming a corporation under Section 402 of the Business Corporation Law of the State of New York hereby certify:

FIRST: The name of the corporation is:

RADHA PHARMACEUTICALS INC.

SECOND: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD: The county, within this state, in which the office of the corporation is to be located is SUFFOLK.

FOURTH: The total number and value of shares of common stock which the corporation shall have authority to issue is: 200 SHARES WITH NO PAR VALUE.

FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the corporation served upon him or her is:

THE CORPORATION
330 OSER AVENUE
HAUPPAUGE, NY 11788

SIXTH: The existence of the corporation shall begin upon filing of this Certificate of Incorporation with the Department of State.

SEVENTH: The corporation shall have a perpetual existence.

EIGHTH: No Director of this corporation shall be personally liable to the corporation, or its shareholders for damages for any breach of duty in such capacity, provided that this provision shall not limit the liability of any director if a judgment or other final adjudication, adverse to him, establishes that his act or omissions were in bad faith or involved intentional misconduct or a knowing violation of law or that he personally gained in fact a financial profit or other advantage, to which he was not legally entitled or that his acts violated Section 719 of the New York Business Corporation Law.

I certify that I have read the above statements, I am authorized to sign this Certificate of Incorporation, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

STEVEN WEISS (signature)

STEVEN WEISS, INCORPORATOR
ALLSTATE CORPORATE SERVICES CORP.
99 WASHINGTON AVENUE, SUITE 1008
ALBANY, NY 12260

Filed by:
ALLSTATE CORPORATE SERVICES CORP.
99 WASHINGTON AVENUE, SUITE 1008
ALBANY, NY 12260

ALLSTATE CORPORATE SERVICES CORP. (9I)
DRAWDOWN
CUSTOMER REF# 2307623

FILED WITH THE NYS DEPARTMENT OF STATE ON: 08/10/2020
FILE NUMBER: 200810010738; DOS ID: 5808859

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Radha Pharmaceuticals, Inc

Physical Address 330 Oser Ave

City Hauppauge State NY Zip 11788

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 631-434-2723 Website www.radhapharm.com

Licensing Company Email info@radhapharm.com

Section 2: Personal Information

First Saketh Middle Pailla Last Reddy

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Roads End

City Glen Head State NY Zip 11545

Telephone [redacted] Email saketh@radhapharm.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials SR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Johns Hopkins University		08/20-Present	
Address	City	State	Zip
3400 N. Charles Street	Baltimore	MD	21218
Diploma/Degree obtained, if any			
MBA (In progress)			

School Name		From - To (MM/YY – MM/YY)	
Texas A&M University		08/15-05/19	
Address	City	State	Zip
400 Bizzell St	College Station	TX	77843
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Jericho High School		09/11-06/15	
Address	City	State	Zip
99 Cedar Swamp Rd	Jericho	NY	11753
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/05-Present	[redacted]Roads end	Glen Head	NY	11545
08/16-05/19	717 University Dr	College Station	TX	77845

Applicant's initials SR

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Radha Pharmaceuticals Inc.- Virtual Manufacturer and Subsidiary of ScieGen Pharmaceuticals		08/20 - 08/21	
Business Address	**City**	**State**	**Zip**
330 Oser Avenue	Hauppauge	NY	11788-3630
Phone	**Title**	**Number of Employed Hours**	
631-434-2723	Director - Sales and Marketing	1,500 (Approximately)	

Description of Duties

Participate in government contract bids. Ensure inventory availability to meet current sales requirements. Work with distributors on the logistics of getting product from our facility to respective government entities.

Business Name		From - To (MM/YY – MM/YY)	
ScieGen Pharmaceuticals Inc.		07/20 - 08/21	
Business Address	**City**	**State**	**Zip**
89 Arkay Drive	Hauppauge	NY	11788-3727
Phone	**Title**	**Number of Employed Hours**	
631-434-2723	Director - Sales and Marketing	2,160 (Approximately)	

Description of Duties

Forecast monthly product sales to provide production team with accurate manufacturing plans. Ensure all customer licenses and certifications are up to date. Keep track of inventory and supply issues to minimize disruptions.

Business Name		From - To (MM/YY – MM/YY)	
Bactolac Pharmaceutical Inc.		12/18 - 08/21	
Business Address	**City**	**State**	**Zip**
7 Oser Avenue	Hauppauge	NY	11788
Phone	**Title**	**Number of Employed Hours**	
631-951-4908	Board Member/ Director / Shareholder	3,000+ (Approximately)	

Description of Duties

Oversee the planning of shareholder and board meetings, procurement and storage of raw materials, production planning and inventory control.

Business Name		From - To (MM/YY – MM/YY)	
Akron Generics		07/19 - 07/20	
Business Address	**City**	**State**	**Zip**
47 Mall Dr, Unit 1 & 2,	Commack	NY	11725
Phone	**Title**	**Number of Employed Hours**	
631-215-3009	Sales and Marketing Manager	1440+ (Approximately)	

Description of Duties

Developed a new method of weekly inventory checks that assured accurate inventory levels. Strengthened compliance checks to ensure product safety and integrity, preventing counterfeit products from entering our inventory.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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.

Applicant's initials SR

Section 4: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Not Applicable	Not Applicable	N/A	Not Applicable	Not Applicable
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not Applicable		Not Applicable		
Reason/Charge				
Not Applicable				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Not Applicable			Not Applicable	
Name of Business/Industry/Entity				
Not Applicable				

Provide explanation below:

Not Applicable

Original Signature (electronic, copies or stamps not accepted)

Not Applicable

Date

Applicant's initials SR

I, Saketh Pailla Reddy, **certify that as the designated representative for**

Radha Pharmaceuticals Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Saketh Reddy

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/12/2021

Date

Applicant's initials SR

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.

Saketh Reddy

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/12/2021

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Suffolk

I, Saketh Pailla Reddy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/12/2021

Date

Subscribed and Sworn to before me this 12th day of August 2021.

Neha Desai

Notary Public Signature

NEHA T DESAI
Notary Public, State of New York
Reg. No. 01DE6397861
Qualified In Suffolk County
Commission Expires 09/16/2023

(Seal)

Applicant's initials SR

Radha Pharmaceuticals, Inc.
330 Oser Avenue,
Hauppauge, New York 11788-3630
Tel: 631-434-2723
Fax: 631-357-3178
info@radhapharm.com

08/13/2021

Hauppauge, NY

To:

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

Sub: Designated Representative Application.

With reference to the above subject, we are glad to forward application for a new license.

Radha Pharmaceuticals Inc. is a virtual manufacturer, virtual wholesaler, and subsidiary of ScieGen Pharmaceuticals Inc.

Please feel free to contact the undersigned, should you require further clarification by phone at (631) 434-2723 or via facsimile at (631) 357-3178.

Thank you,

Best regards,

Gabriel Antony Raj

Saketh Pailla Reddy

[redacted] [redacted]

PROFESSIONAL EXPERIENCE

Radha Pharmaceuticals, Inc, Hauppauge, NY
A provider of generic drugs to government entities
Director, Sales and Marketing August 10th, 2020 - Present

- Participate in government contract bids.
- Ensure inventory availability to meet current sales requirements.
- Work with distributors on the logistics of getting product from our facility to respective government entities.

ScieGen Pharmaceuticals, Inc, Hauppauge, NY
A fast-growing manufacturer of generic drugs

Director, Sales and Marketing July 6th, 2020 – Present

- Forecast monthly product sales to provide production team with accurate manufacturing plans.
- Ensure all customer licenses and certifications are up to date.
- Keep track of inventory and supply issues to minimize disruptions for customers.
- Meet weekly with other department heads to discuss updates regarding new products to market, timelines, and production schedule.

Product Development Intern June 5th, 2017 – August 18th, 2017

- Analyzed batch reports and ran product tests to ensure readiness for large scale manufacturing.
- Interacted with regulatory and manufacturing teams daily, leading to stronger insight around how the departments collaborate to reach the end goal of manufacturing a drug.

Regulatory Affairs Intern June 6th, 2016 – August 19th, 2016

- Initiated and finalized the process of applying for 25 state distribution permits, thus allowing ScieGen to increase sales by distributing products to more clients and states.

Bactolac Pharmaceutical, Inc, Hauppauge, NY
An industry leading cantract manufacturer of vitamins and supplements

Board Member December 1st, 2018 – Present

- Oversee the planning of shareholder and board meetings.
- Walk through the manufacturing facilities on a weekly basis.
- Have discussions with warehouse and manufacturing personnel on due diligence and the procurement and storage of raw materials.
- Assist in production planning and inventory control.
- Examined possible strategies to mitigate business disruptions brought on by COVID-19, and received positive feedback from fellow board members.

Supply Chain Intern June 15th, 2015 – August 21st, 2015

- Maintained the database and input QR codes to keep track of the locations of raw materials in the warehouse.
- Communicated frequently with head of incoming shipments to determine location of raw materials from arrival to storage.

Akron Generics, Commack, NY
A wholesale distributor of pharmaceutical products to independent pharmacies

Sales and Marketing Manager July 8th, 2019 – July 2nd, 2020

- Generated new business by exploring untapped markets and increased number of pharmacy clients by 15% in a period of three months.
- Conceptualized and led the cross-team effort to distribute weekly product specials and offer incentives for large orders, increasing sales by upwards of 20%.

Inventory Supervisor (additional position) November 1st, 2019 – July 2nd, 2020

- Developed a new method of weekly inventory checks that assured accurate inventory levels.
- Trained the inventory assistant on day-to-day tasks, increasing our joint productivity.
- Strengthened compliance checks to ensure product safety and integrity, preventing counterfeit products from entering

Chameleon Communications International, New York, NY
A global medical communications firm

Client Services Intern June 4th, 2018 – August 17th, 2018

- Built a financial tracker to efficiently keep track of billed project hours and payments.
- Assisted in the development of SOWs (Statement of Work).
- Worked alongside the scientific team to gather information about job progress and completion.

EDUCATION

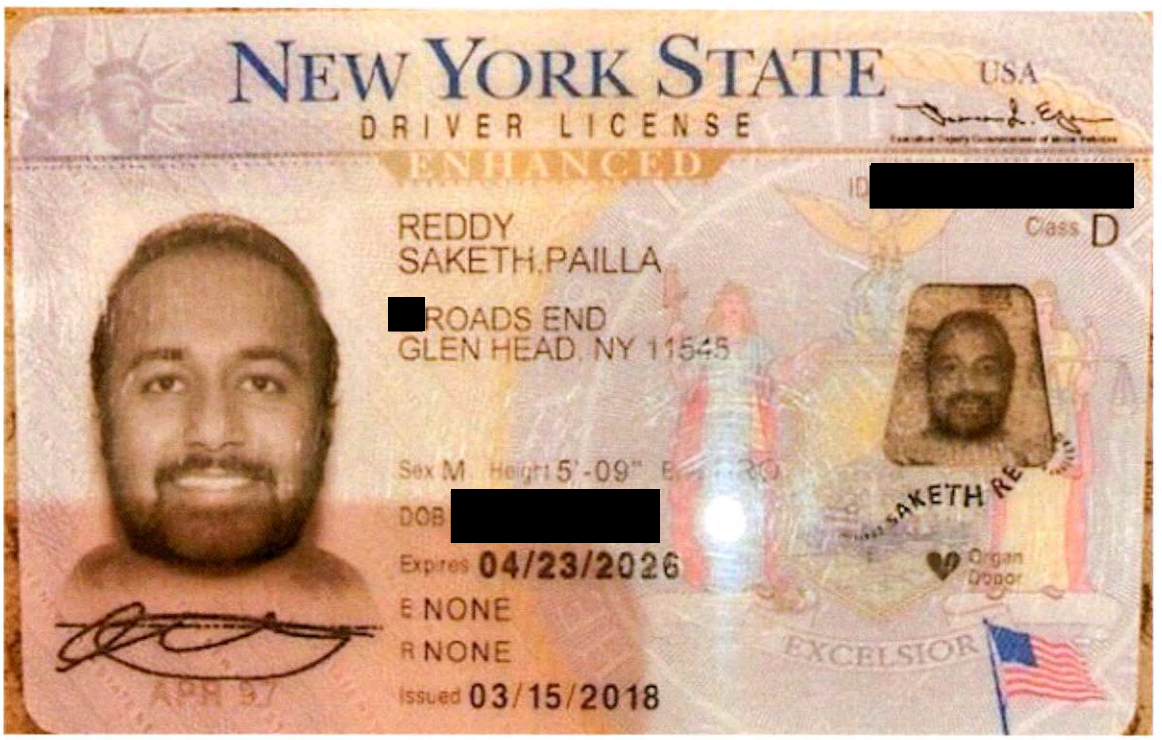
Texas A&M University, College Station, TX August 2015 – May 2019

Bachelor of Science in University Studies-Business. Minors in Economics and Biomedical Sciences.

LEADERSHIP

Texas A&M Pharmaceutical and Biotechnology Student Association
President, Vice President January 2017 – May 2019

- Increased on campus presence which led to a 50% increase in membership base.
- Managed a team of six officers with different backgrounds to reach our shared goal of connecting students to the pharmaceutical and biotechnology industries.
- Networked with alumni from companies such as Pfizer and Sanofi Genzyme, recruiting them as guest speakers and connecting them with our members for internship and job opportunities.


NEW YORK STATE
USA
DRIVER LICENSE
ENHANCED
ID [redacted]
Class D
REDDY
SAKETH,PAILLA
[redacted]ROADS END
GLEN HEAD, NY 11545
Sex M Height 5'-09"
DOB [redacted]
Expires 04/23/2026
E NONE
R NONE
Issued 03/15/2018
SAKETH RE
Organ Donor
EXCELSIOR
APR 57

1908-NY66-SVYI

Texas A&M University

To all to whom these presents may come Greeting
Be it Known that

Saketh Pailla Reddy

having completed the studies and satisfied the requirements for the Degree of

Bachelor of Science

has accordingly been admitted to that Degree with all the honors, rights and privileges belonging thereto.

Given under the seal of the University at College Station, Texas, on the eleventh day of May, A.D., two thousand nineteen.

Chas. Schwartz
Chair, Board of Regents

John Sharp
Chancellor

Michael K. Young
President of the University

University Studies

Mays Business School

Radha Pharmaceuticals, Inc.
330 Oser Avenue,
Hauppauge, New York 11788-3630
Tel: 631-434-2723
Fax: 631-357-3178
info@radhapharm.com

10/07/2020
Hauppauge, NY

This is to declare that the undersigned have completed training from FDA by webinar, and other resources to possess the following:

1. Knowledge and understanding of Drug Supply Chain Security Act (DSCSA) of Drug Quality and Security Act (DQSA).
2. Knowledge and understanding of state and federal laws regarding the distribution of dangerous drugs.
3. Knowledge and understanding of state and federal laws regarding the distribution of controlled substances.
4. Knowledge and understanding of quality control systems.
5. Knowledge and understanding of United States Pharmacopoeia standards for the safe storage and handling of drugs.

Saketh Pailla REDDY

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 7th DAY OF OCTOBER 2020

NOTARY PUBLIC
GRACE PIETZAK – Reg. No. 01PI6212407

GRACE PIETZAK
Notary Public, State of New York
Reg. No. 01PI6212407
Qualified in Nassau County
Commission Expires October 13, 2021

Radha
Pharmaceuticals Inc.

Trading Partners

Manufacturer	ScieGen Pharmaceuticals Inc. 89 Arkay Drive Hauppauge, NY 11788-3727
3 PL/ Warehouse/ Distributor Services used by ScieGen	Rx Crossroads 3PL LLC 4200 BINION WAY STE 200 MASON, OH 450369469

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. K40312171

Application/License No. _____

Sciegen Pharmaceuticals Inc. and Radha Pharmaceuticals Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
Sciegen at 89 Arkay Drive, Hauppauge, NY 11788 and Radha at 330 Oser Avenue, Hauppauge, NY 11788, as
(Address of Applicant/Principal)
PRINCIPAL, and Westchester Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Pennsylvania
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
436 Walnut Street, Philadelphia, PA 19106 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 29, 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 29 day of April, 2021.

APPLICANT/PRINCIPAL

Renee Rupert
Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Sharon Dean
Surety Company's Representative

Sharon Dean, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Donna Barchman, Karen Brandt, Sharon Dean, Barbara Duggan, Andrea Flagiello, Rashidah Hasan, Amanda Montagno, Craig Gortner, Frances Morris, Rupert Swindells and Lindsay Ward of Philadelphia, Pennsylvania ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **16th** day of **November, 2019**.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Steven M Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **16th** day of **November, 2019**, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 29th Day of April, 2021

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

DocuSign Envelope ID: 0B837366-A23A-4BAD-951D-3D819B17B5F2

WESTCHESTER FIRE INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

December 31, 2020

(in thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ 3,458	Outstanding Losses and Loss Expenses	$ -
United States Government, State and Municipal Bonds	99,804	Reinsurance Payable on Losses and Expenses	-
Other Bonds	58,486	Unearned Premiums	-
Stocks	28	Ceded Reinsurance Premiums Payable	-
Other Invested Assets	3,848	Other Liabilities	184,193
TOTAL INVESTMENTS	165,624	TOTAL LIABILITIES	184,193
Investments in Affiliates	-	Capital Stock	5,000
Premiums Receivable	-	Paid-In Surplus	59,856
Other Assets	167,460	Unassigned Funds	84,035
		SURPLUS TO POLICYHOLDERS	148,891
TOTAL ADMITTED ASSETS	$ 333,084	TOTAL LIABILITIES AND SURPLUS	$ 333,084

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners, At December 31, 2020, investments with a carrying value of $11,705,398 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Westchester Fire Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2020.

DocuSigned by: Sworn before me this April 7, 2021

3FB94D477276485

Senior Vice President

Diane Wright

Notary Public

August 8, 2023

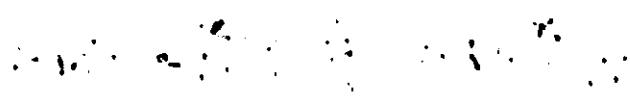
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2023
Commission number 1235745
Member, Pennsylvania Association of Notaries

Radha
Pharmaceuticals Inc.

Key Personnel

Officers & Directors



Radha
Pharmaceuticals Inc.

Owner (CEO/President)

First Name:	**Pailla**
Middle Name:	**Malla**
Last Name:	**REDDY**
Title:	**CEO / Owner/ President**
Residential Address:	[redacted] **Roads End** **Glen Head** **New York 11545**
Tel:	**631-434-2723 (Ext: 101)**
Mobile:	[redacted]
Fax:	**631-357-3178**
E-mail:	**info@radhapharm.com**
SSN:	[redacted]
Date of Birth:	[redacted]

Radha
Pharmaceuticals Inc.

Chief Financial Officer / Secretary

First Name:	**Renee**
Last Name:	**REYNOLDS**
Title:	**Chief Financial Officer / Secretary/ Treasurer**
Residential Address:	[redacted]**Wall Street** **E. Patchogue** **New York 11772**
Tel:	**631-951-4908 (Ext:138)**
Mobile	[redacted]
Fax:	**631-300-2309**
E-mail:	**info@radhapharm.com**
SSN:	[redacted]
Date of Birth:	[redacted]

Radha
Pharmaceuticals Inc.

Director – Sales

First Name:	**Saketh**
Middle Name:	**Pailla**
Last Name:	**REDDY**
Title:	**Director**
Residential Address:	**[redacted]Roads End** **Glen Head** **New York 11545**
Tel:	**+1-631-434-2723**
Mobile	[redacted]
Fax:	**+1-631-357-3178**
E-mail:	**saketh@radhapharm.com**
SSN:	[redacted]
Date of Birth:	[redacted]

Radha
Pharmaceuticals Inc.

Business Plan

Radha Pharmaceuticals, Inc.
330 Oser Ave,
Hauppauge, New York 11788
Tel: + 1 631 434 2723
Fax: + 1 631 357 3178
Email: info@radhapharm.com

Radha
Pharmaceuticals Inc.

EXECUTIVE SUMMARY

Radha Pharmaceuticals, INC. is an emerging virtual wholesaler designed for compliance to DSCSA and VAWD standard requirement(s). **Radha Pharmaceuticals, INC.** is equipped with excellent infrastructure and management team.

Radha Pharmaceuticals, INC. is incorporated in the year 2020 in New York. The facility is located at 330 Oser Avenue in Hauppauge, New York.

Pharmaceutical formulations will be distributed by **Radha Pharmaceuticals, INC.** to other distributors / wholesalers across the United States of America using a licensed third party services.

Radha Pharmaceuticals, INC. shall ensure availability of valid state license(s), controlled substance license(s), permit(s) and Drug Enforcement Administration (DEA) registration for Radha Pharmaceuticals, Inc., and customer(s) prior to any business transaction.

Radha
Pharmaceuticals Inc.

Radha Pharmaceuticals, INC. might explore global markets to expand its presence.

MANAGEMENT

Brief information about management team and their functions are listed below for reference.

Dr. Pailla Malla REDDY – **Chairman and CEO** of the company is a PhD degree holder in Chemistry.

Mr. Saketh Pailla REDDY – Supervisor and Director Sales of the company is a Bachelor of Science degree holder in University Studies - Business Minors in Economics and Biomedical Sciences.

Radha Pharmaceuticals, INC. will receive orders from licensed distributor and distribute pharmaceutical products where appropriate.

Proposed supply chain activities of prescription product(s) distribution will be handled by licensed, and **VAWD accredited** third party logistic service provider(s).

Product quality, purity, safety, efficacy, regulatory, pharmacovigilance and other legal compliance activities shall be handled by manufacturer and **Radha Pharmaceuticals, INC.** as appropriate.

Product List

Radha Pharmaceuticals Inc.

S. No	NDC Code	Pack Size	Description of Product
1.	77771-182-01	100s	Hydralazine Hydrochloride Tablets, USP 10 mg
2.	77771-182-10	1000s	Hydralazine Hydrochloride Tablets, USP 10 mg
3.	77771-183-01	100s	Hydralazine Hydrochloride Tablets, USP 25 mg
4.	77771-183-10	1000s	Hydralazine Hydrochloride Tablets, USP 25 mg
5.	77771-184-01	100s	Hydralazine Hydrochloride Tablets, USP 50 mg
6.	77771-184-10	1000s	Hydralazine Hydrochloride Tablets, USP 50 mg
7.	77771-185-01	100s	Hydralazine Hydrochloride Tablets, USP 100 mg
8.	77771-323-01	100	Metaxalone Tablets, USP 800 mg
9.	77771-323-05	500	Metaxalone Tablets, USP 800 mg
10.	77771-156-60	60s	Celecoxib Capsules 50 mg
11.	77771-157-01	100s	Celecoxib Capsules 100 mg
12.	77771-157-05	500s	Celecoxib Capsules 100 mg
13.	77771-158-01	100s	Celecoxib Capsules 200 mg
14.	77771-158-05	500s	Celecoxib Capsules 200 mg
15.	77771-159-60	60s	Celecoxib Capsules 400 mg
16.	77771-174-60	60	Bupropion SR tablets 100 mg
17.	77771-174-05	500	Bupropion SR tablets 100 mg
18.	77771-175-60	60	Bupropion SR tablets 150 mg
19.	77771-175-05	500	Bupropion SR tablets 150 mg
20.	77771-176-60	60	Bupropion SR tablets 200 mg
21.	77771-457-01	100	Carbidopa / Levodopa Tablets, USP 10 mg/100 mg
22.	77771-457-05	500	Carbidopa / Levodopa Tablets, USP 10 mg/100 mg
23.	77771-457-10	1000	Carbidopa / Levodopa Tablets, USP 10 mg/100 mg
24.	77771-458-01	100	Carbidopa / Levodopa Tablets, USP 25 mg/100 mg
25.	77771-458-05	500	Carbidopa / Levodopa Tablets, USP 25 mg/100 mg
26.	77771-458-10	1000	Carbidopa / Levodopa Tablets, USP 25 mg/100 mg
27.	77771-459-01	100	Carbidopa / Levodopa Tablets, USP 25 mg/250 mg
28.	77771-459-05	500	Carbidopa / Levodopa Tablets, USP 25 mg/250 mg
29.	77771-459-10	1000	Carbidopa / Levodopa Tablets, USP 25 mg/250 mg
30.	77771-434-01	100	Naproxen Tablets 250 mg
31.	77771-434-05	500	Naproxen Tablets 250 mg
32.	77771-435-01	100	Naproxen Tablets 375 mg
33.	77771-435-05	500	Naproxen Tablets 375 mg
34.	77771-436-01	100	Naproxen Tablets 500 mg
35.	77771-436-05	500	Naproxen Tablets 500 mg
36.	77771-470-12	120s	Levetiracetam Tablets 250 mg
37.	77771-470-05	500s	Levetiracetam Tablets 250 mg

Product List

Radha Pharmaceuticals Inc.

S. No	NDC Code	Pack Size	Description of Product
38.	77771-471-12	120s	Levetiracetam Tablets 500 mg
39.	77771-471-05	500s	Levetiracetam Tablets 500 mg
40.	77771-472-12	120s	Levetiracetam Tablets 750 mg
41.	77771-472-05	500s	Levetiracetam Tablets 750 mg
42.	77771-473-60	60s	Levetiracetam Tablets 1000 mg

Radha
Pharmaceuticals Inc.

Ownership Organizational Chart

(100% Shares of Radha Pharmaceuticals Inc. is owned by ScieGen Pharmaceuticals, Inc.)

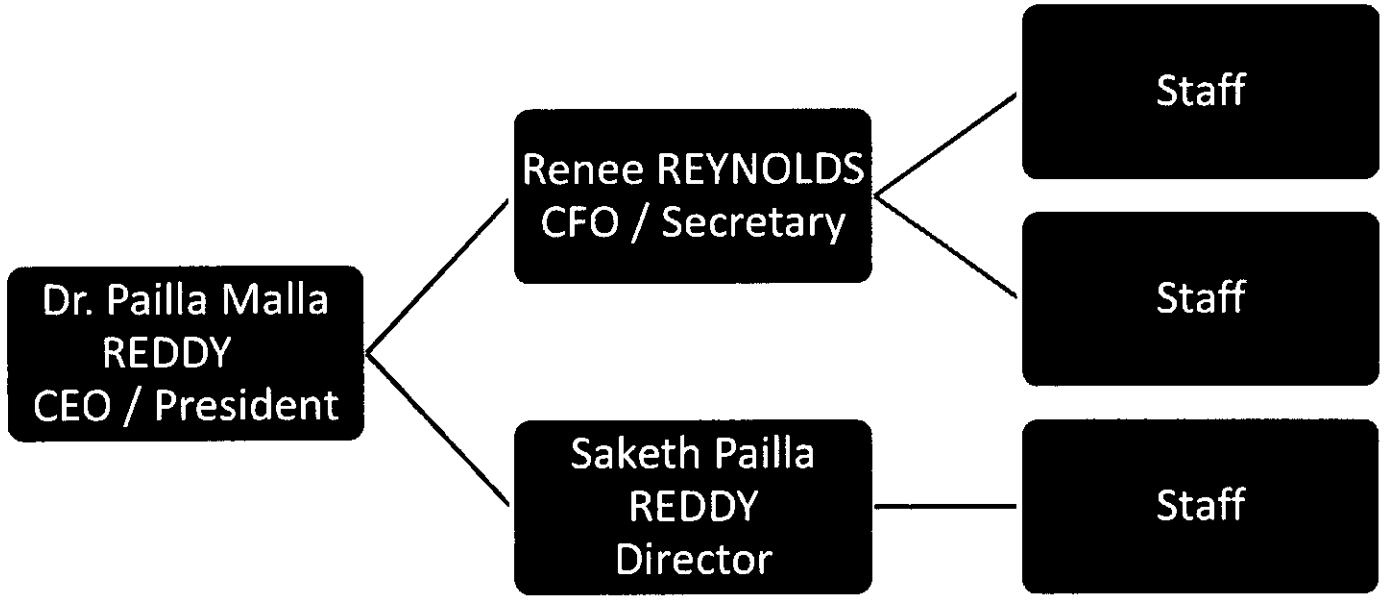
ScieGen Pharmaceuticals,
Inc. Shares Owned:100%

Legal Business Name: ScieGen Pharmaceuticals, Inc. **FEIN:30-0597093**

Legal Business Name: Radha Pharmaceuticals, Inc. **FEIN:85-2448908**

Radha
Pharmaceuticals Inc.

Organogram



Legal Business Name: ScieGen Pharmaceuticals, Inc. **FEIN:30-0597093**

Legal Business Name: Radha Pharmaceuticals, Inc. **FEIN:85-2448908**

Sciegen Pharmaceuticals Inc.

Action by Director by Unanimous Written Consent

The undersigned, being a Director and the Majority Shareholder of Sciegen Pharmaceuticals Inc., a New York corporation (the "Corporation"), hereby take the following action by written consent as if such action had been taken at a meeting of the Directors of the Corporation duly called and held on August 15, 2020.

Resolved, that Sciegen Pharmaceuticals Inc. will purchase 100% of the No Par value 200 shares of Radha Pharmaceuticals Inc, a Company incorporated in New York. Furthermore, Dr Pailla M. Reddy is an Officer and Director of Sciegen Pharmaceuticals Inc. and accordingly, this action by unanimous written consent authorizes the Corporation to enter into such purchase transaction dated as of August 15, 2020.

APPROVED AND SIGNED:

Dr. Pailla Malla Reddy
President, CEO
Sciegen Pharmaceuticals Inc.

WITNESS:

Renee Reynolds
Secretary, Chief Financial Officer
Sciegen Pharmaceuticals Inc.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

PHARMACY INSPECTION REPORT ☐ Pharmacy ☑ NW

Inspection # _____ conducted by
Investigator Steven Fiorino
Date 11/2/20 Time In/Out 10:00 AM 11:00 AM

1. Routine
2. New Registration
3. Transfer Ownership
4. Discontinuance
5. Change of Name/Address
6. Medication Recall
7. Complaint Related
8. Follow-up to Previous Inspection
9. Special Project or Renovation

Reg. name Radha Pharmaceuticals Inc
Trade name ---- NA
No. and Street 330 Oser Ave
City Hauppauge NY County Suffolk Zip 11788
Reg. # _____ Telephone 516-353-6554
Hours open per week 40 hrs # RXs daily ----

Pharmacists' Names	Hrs. Per Week	License Number	License Date	License Displayed	Registration Displayed
~~RP~~ Saketh Reddy (Supervisor)	40			Y N	Y N
~~Pharm.~~ Padma Reddy, md - (President/CEO)	40			Y N	Y N
Pharm. Dr. Raghuram (Compliance Off)	40			Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Intern				Y N	Y N

Circle "S" if item is Satisfactory. Circle "N" if item is Not Satisfactory, and explain in Details of Inspection section below.
Be sure to include item number in explanation.

1. Registration name on exterior ..... (S) N
2. Licenses/current reg. displayed ..... S N
3. Registered pharmacist on duty ..... S N
4. Equip., facilities, and ref. items ..... (S) N
5. Price list available/current ..... S N
6. Drug stock current ..... S N
7. Stock properly branded ..... S N
8. Daily RX record ..... S N
9. Required RX filings ..... S N
10. DEA records complete/available ..... S N
11. Safety/approp. closures/containers ..... S N
12. RX labels required information ..... S N
13. Valid RX formats ..... S N
14. Substitution law compliance ..... S N
15. Required information on RXs ..... S N
16. Refill authorization/fill ..... S N
17. Refills in daily record ..... S N
18. Controlled substance compliance ..... S N
19. General sanitation ..... (S) N
20. Intern/unlicensed supervision ..... S N
21. Counseling offered/given/refusals documented ..... S N
22. Types of pharmacy (circle those applicable): retail, hospital, skilled nursing, assisted living, compounding, sterile preparation, internet, home delivery, mail delivery, nuclear, veterinary, wholesale.

Details of Inspection New Registration Wholesale (Virtual) inspection conducted in the presence of above Supervisor, Owner, and compliance officer. All wholesale items reviewed. Please note: There are NO drugs stored at this establishment. The space that will be registered is the entire floor and this space is not shared with any other entity. Bathroom observed outside Registered adjacent area. Please note: that company will be contracting with a 3rd party distributor (which will require own registration) where product will be stored. Company wishes to start operating by Jan 1 2021

Recommendation (completed in office)
Investigator _____
Supervisor _____

I have received a copy of this inspection report.
Signature _____
Print name Saketh Reddy
Title Supervisor Date 11/2/2020

This is page 1 of 1 page(s)

OPD 234 (6/2011) 11-005 CDC

ORIGINAL - TO CENTRAL OFFICE

4X

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Sun Pharmaceutical Industries, Inc.

Physical Address: 1 Commerce Drive, Suite B.

City: Cranbury State: NJ Zip: 08512

Mailing Address (if different from physical address): Ohm, a Sun Pharma Company, 14 Terminal Road

City: New Brunswick State: NJ Zip: 08901

Telephone: 609-819-8200 Website: www.sunpharma.com

Name of Designated Representative (DR): Daryl LeSueur

Licensing Company Email: daryl.lesueur@sunpharma.com DR Email: daryl.lesueur@sunpharma.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
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)?		x
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?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
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?		x
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)?		x

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: 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 5: Non-Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Sun Pharmaceutical Holdings USA, Inc.

Corporation Name: Sun Pharmaceutical Industries Inc.

Mailing Address: Ohm, a Sun Pharma Company, 14 Terminal Road

City: New Brunswick State: NJ Zip: 08901

Telephone: 609-819-8200 Email: daryl.lesueur@sunpharma.com

Contact Person Name: Jayesh Shah

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Daryl LeSueur

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

21-JUN-2021

Date

Board Use Only	Date Received: _____	Amount: 500 (cc)

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0743255

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

1 COMMERCE DR, STE B CRANBURY, NJ 08512-
29 DUNHAM RD BILLERICA,MA 01821-

Reg. No.
5003437

SUN PHARMACEUTICAL IND INC
ATTN: ED SULLIVAN
1 COMMERCE DR, STE B
CRANBURY, NJ 08512-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

SUN PHARMA

Description of Operations

Sun Pharmaceutical Industries, Inc. is a VirtualManufacturer. Sun Pharmaceutical Industries, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Pharmacies, Wholesalers, Mail Order, Retailers and Distributors by their Third-Party Logistics Provider, Taro Pharmaceuticals USA, Inc. and Corporate Mailings, Inc. , who are licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

OHM Laboratories
14 Terminal Road
New Brunswick, NJ 08901
FDA Establishment Number: 1000222352

OHM Laboratories
1385 Livingston Avenue
North Brunswick, NJ 08902
FDA Establishment Number: 3004132058

Cipher/Galephar Pharmaceutical, Inc.
SR925 Km. 1.6 Rio Abajo WD
Humaco, PR 00792
FDA Establishment Number: 3008206797

Patheon Inc
2100 Syntex Court
Mississauga, Ontario Canada L5N 7K9
FDA Establishment Number: 3000264888

Patheon, part of Thermo Fisher Scientific
111 Consumers Drive
Whitby, Ontario Canada L1N 5Z5
FDA Establishment Number: 3003516812

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RT0504870	11-30-2021	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	11-03-2020

TARO PHARMACEUTICALS U.S.A., INC.
1 COMMERCE DR
CRANBURY, NJ 085123503

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RT0504870	11-30-2021	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	11-03-2020

TARO PHARMACEUTICALS U.S.A., INC.
1 COMMERCE DR
CRANBURY, NJ 085123503

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Jayesh Shah, VP, Head of Procurement
Business Address: 1 Commerce Drive, Cranbury NJ 08512
Business Phone: 609-819-8200
Email: jayesh.shah@taro.com
Ownership %: 0%

Designated Representative

Daryl LeSueur, VP, Head of Operations, North America
Business Address: 1 Commerce Drive Suite B., Cranbury, NJ 08512
Business Phone: 609-613-8382
Email: daryl.lesueur@sunpharma.com
Ownership %: 0%

Company Information

Company Name: Sun Pharmaceutical Industries, Inc.
Address: 1 Commerce Drive, Suite B.
City, State, Zip: Cranbury, NJ 08512
Phone: 609-819-8200
Website: www.sunpharma.com
E-mail: daryl.lesueur@sunpharma.com

Tax ID: 38-2505723
State of Formation: Delaware
Date Incorporated:03/11/2020
File Number: 7893212

Ownership Information

Sun Pharmaceutical Industries, Inc. is 100% owned by Sun Pharmaceutical Holdings USA, Inc., whose 100% owned by, Sun Pharmaceutical Industries, LTD., whom is Publicly Traded on the NSE (SUNPHARMA).

Officers

Daryl LeSueur, VP, Head of Operations, North America
Business Address: 1 Commerce Drive Suite B., Cranbury, NJ 08512
Business Phone: 609-613-8382
Email: daryl.lesueur@sunpharma.com
Ownership %: 0%

Abhay Gandhi, Chief Executive Officer
Business Address: 2 Independence Way, Princeton, NJ 08540
Business Phone: (609) 720-9200
Email: abhay.gandhi@sunpharma.com
Ownership %: 0%

Zvi Albert, VP, Head of Finance, N. America
Business Address: 2 Independence Way, Princeton, NJ 08540
Business Phone: 609-720-9200
Email: zvi.albert@sunpharma.com
Ownership %: 0%

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 6/24/2021

Registration Number: 5003437 **Registered as:** Manufacturer and Wholesale

Name: SUN PHARMACEUTICAL IND INC

DBA:

Address: 1 COMMERCE DR, STE B , CRANBURY, NJ 08512

Original Issue Date: 12/20/2006 **Expiration Date:** 01/31/2022

Current Issue Date: 01/15/2021

Disciplines: No

Additional Registered Addresses:
29 DUNHAM RD, BILLERICA, MA 01821

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN PHARMACEUTICAL INDUSTRIES, 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 TENTH DAY OF JUNE, 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 "SUN PHARMACEUTICAL INDUSTRIES, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF MARCH, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

7893212 8300

SR# 20212408665

Authentication: 203413507

Date: 06-10-21

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

Employee List

Company	Last Name	First Name	Alternate Title
Sun Pharmaceutical Industries, Inc	Rush	Monica	Associate, Marketing
Sun Pharmaceutical Industries, Inc	Lu	Sandy	Associate, Procurement
Sun Pharmaceutical Industries, Inc	Bahrt	Andrea	Coordinator, Intellectual Property
Sun Pharmaceutical Industries, Inc	Patel	Megha	Manager, Sales Operations
Sun Pharmaceutical Industries, Inc	Uppalapati	Saaravani	Sr. Analyst, Market Access
Sun Pharmaceutical Industries, Inc	Adamo	Patrick	Sr. Associate, OTC Supply Chain
Sun Pharmaceutical Industries, Inc	Persad-Mehra	Sherry	Sr. Brand Manager, Ophthalmics
Sun Pharmaceutical Industries, Inc	Romero	Luis	Sr. Coordinator, Medical Legal Review
Sun Pharmaceutical Industries, Inc	Normandin	Timaree	Sr. Coordinator, Operations Specialist
Sun Pharmaceutical Industries, Inc	Sabia	Michelle	Sr. Coordinator, Sales Operations
Sun Pharmaceutical Industries, Inc	Rosenberg	Melissa	Sr. Manager, Market Access Operations
Sun Pharmaceutical Industries, Inc	Balascsak	Kelsey	Sr. Manager, Payer Marketing
Sun Pharmaceutical Industries, Inc	Rogers	Susan	Sr. Manager, Principal Process Development Scientist
Sun Pharmaceutical Industries, Inc	Patel	Arpita	Sr. Manager, Production
Sun Pharmaceutical Industries, Inc	Haldankar	Prachi	Sr. Manager, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Dande	Govardhan Reddy	Sr. Manager, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Rath	Sydney	Senior Technician, Formulation and Fill
Sun Pharmaceutical Industries, Inc	Ath	Dina	Inspection and Packaging Technician II
Sun Pharmaceutical Industries, Inc	Chou	Kayla	Inspection and Packaging Technician I
Sun Pharmaceutical Industries, Inc	Costa	Joseph	Formulation and Fill Technician I
Sun Pharmaceutical Industries, Inc	Dam	Ellen	Inspection and Packaging Technician II
Sun Pharmaceutical Industries, Inc	Henderson	Diane	Inspection and Packaging Technician II
Sun Pharmaceutical Industries, Inc	Kem	Mara	Inspection and Packaging Technician II
Sun Pharmaceutical Industries, Inc	Nguyen	Andy	Formulation and Fill Technician I
Sun Pharmaceutical Industries, Inc	Nguyen	Kelly	Inspection and Packaging Technician I
Sun Pharmaceutical Industries, Inc	Oeun	Chandana	Inspection and Packaging Technician
Sun Pharmaceutical Industries, Inc	Phanekham	Anulak	Inspection and Packaging Technician I
Sun Pharmaceutical Industries, Inc	Shah	Diptiben	Senior Technician, Formulation and Fill
Sun Pharmaceutical Industries, Inc	Touch	Samon	Inspection and Packaging Technician II
Sun Pharmaceutical Industries, Inc	Vasquez	Jose	Formulation and Fill Technician II
Sun Pharmaceutical Industries, Inc	Yoeurn	Channy	Formulation and Fill Technician I
Sun Pharmaceutical Industries, Inc	Distelbrink	Katarina	Process Development Scientist
Sun Pharmaceutical Industries, Inc	Giamas	Theoni	Senior Analyst III, Quality Control
Sun Pharmaceutical Industries, Inc	Kearns	Robert	Analytical Development Scientist
Sun Pharmaceutical Industries, Inc	Letsou	Valerie	Senior Scientist, Analytical Development
Sun Pharmaceutical Industries, Inc	Martineau	David	Analytical Development Scientist
Sun Pharmaceutical Industries, Inc	Murphy	Deborah	Analytical Development Scientist
Sun Pharmaceutical Industries, Inc	Rosengarten	Laura	Analytical Development Scientist
Sun Pharmaceutical Industries, Inc	Toombs	Margaret	Senior Analyst, Quality Assurance
Sun Pharmaceutical Industries, Inc	Wan	Yue Yee	Senior Analyst III, Quality Control
Sun Pharmaceutical Industries, Inc	Richard	Noah	Manager, Microbiology
Sun Pharmaceutical Industries, Inc	Sandoval	Matthew	Manager, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Garala	AlishKumar	Senior Microbiologist, Quality Control
Sun Pharmaceutical Industries, Inc	Kumar	Lalitha	Senior Specialist, Quality Assurance
Sun Pharmaceutical Industries, Inc	Mendelson	Jacob	Account Manager
Sun Pharmaceutical Industries, Inc	Shuffler	Kaleb	Account Manager
Sun Pharmaceutical Industries, Inc	Shreves	Katrina	Account Manager
Sun Pharmaceutical Industries, Inc	Eck	Heidi	Account Manager
Sun Pharmaceutical Industries, Inc	Harrison	Teresa	Account Manager
Sun Pharmaceutical Industries, Inc	Laborte	Rachel	Account Manager
Sun Pharmaceutical Industries, Inc	Leeper	La Tosha	Account Manager
Sun Pharmaceutical Industries, Inc	Rauthsmith	Kenzi	Territory Manager
Sun Pharmaceutical Industries, Inc	Agovino	Anthony	Account Manager
Sun Pharmaceutical Industries, Inc	Agresti	Francisco	Account Manager
Sun Pharmaceutical Industries, Inc	Alfonso	Adolfo	Territory Manager
Sun Pharmaceutical Industries, Inc	Allen	Jennifer	Account Manager
Sun Pharmaceutical Industries, Inc	Amansec	Hazel	Account Manager
Sun Pharmaceutical Industries, Inc	Andersen	Ashley	Territory Manager
Sun Pharmaceutical Industries, Inc	Anderson	Dayna	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Arena	Ernest	Territory Manager
Sun Pharmaceutical Industries, Inc	Armond	Emilia	Territory Manager
Sun Pharmaceutical Industries, Inc	Arroyo	Jesus Joaquin	Account Manager
Sun Pharmaceutical Industries, Inc	Avey	Stephanie	Account Manager
Sun Pharmaceutical Industries, Inc	Bach	Patricia	Account Manager
Sun Pharmaceutical Industries, Inc	Ballenger	Richard	Account Manager
Sun Pharmaceutical Industries, Inc	Bardissi	Sawsan	Territory Manager
Sun Pharmaceutical Industries, Inc	Barrett	Mark	Territory Manager
Sun Pharmaceutical Industries, Inc	Barrineau	Richard	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Barrow	Caroline	Senior Territory Manager

Sun Pharmaceutical Industries, Inc	Baxley	Tonya	Account Manager
Sun Pharmaceutical Industries, Inc	Benedetti	Kevin	Account Manager
Sun Pharmaceutical Industries, Inc	Bensinger	Michael	Account Manager
Sun Pharmaceutical Industries, Inc	Benton	Mariana	Account Manager
Sun Pharmaceutical Industries, Inc	Bergh	Jennifer	Territory Manager
Sun Pharmaceutical Industries, Inc	Bernard	Sam	Territory Manager
Sun Pharmaceutical Industries, Inc	Bethea	Tina	Account Manager
Sun Pharmaceutical Industries, Inc	Bettencourt	Keith	Account Manager
Sun Pharmaceutical Industries, Inc	Bevilacqua	Kristen	Territory Manager
Sun Pharmaceutical Industries, Inc	Bitzer	Zachary	Territory Manager
Sun Pharmaceutical Industries, Inc	Blackmon	Christine	Territory Manager
Sun Pharmaceutical Industries, Inc	Blomgren	Ryan	Account Manager
Sun Pharmaceutical Industries, Inc	Boag	Kelly	Account Manager
Sun Pharmaceutical Industries, Inc	Bolda	Angela	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Booker	Loy	Territory Manager
Sun Pharmaceutical Industries, Inc	Boudreaux	Matthew	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Bounds	Whitney	Account Manager
Sun Pharmaceutical Industries, Inc	Bowker	Ashley	Account Manager
Sun Pharmaceutical Industries, Inc	Bowman	Lori	Territory Manager
Sun Pharmaceutical Industries, Inc	Bradley	Renee	Account Manager
Sun Pharmaceutical Industries, Inc	Bride	Sean	Territory Manager
Sun Pharmaceutical Industries, Inc	Bridenbaugh	Lauren	Account Manager
Sun Pharmaceutical Industries, Inc	Broumley	Lori	Territory Manager
Sun Pharmaceutical Industries, Inc	Bulger	Janice	Account Manager
Sun Pharmaceutical Industries, Inc	Bullard	Angela	Territory Manager
Sun Pharmaceutical Industries, Inc	Burden	Hillary	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Butler	Alex	Account Manager
Sun Pharmaceutical Industries, Inc	Calabro	Suzanne	Account Manager
Sun Pharmaceutical Industries, Inc	Camp	Anna	Account Manager
Sun Pharmaceutical Industries, Inc	Campbell	Susan	Account Manager
Sun Pharmaceutical Industries, Inc	Carley	Ryan	Account Manager
Sun Pharmaceutical Industries, Inc	Carpino	Marie	Account Manager
Sun Pharmaceutical Industries, Inc	Carver	Carrie	Territory Manager
Sun Pharmaceutical Industries, Inc	Chambers	Jennifer	Territory Manager
Sun Pharmaceutical Industries, Inc	Chong	Kristin	Account Manager
Sun Pharmaceutical Industries, Inc	Christiansen	Ryan	Territory Manager
Sun Pharmaceutical Industries, Inc	Ciavirella	Matthew	Account Manager
Sun Pharmaceutical Industries, Inc	Cino	Joseph	Territory Manager
Sun Pharmaceutical Industries, Inc	Cirtaus	Sophia	Account Manager
Sun Pharmaceutical Industries, Inc	Clune	Thomas	Account Manager
Sun Pharmaceutical Industries, Inc	Colgan	Leila	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Collier	David	Territory Manager
Sun Pharmaceutical Industries, Inc	Conine	Dane	Account Manager
Sun Pharmaceutical Industries, Inc	Cordero	James	Territory Manager
Sun Pharmaceutical Industries, Inc	Corley	Angela	Territory Manager
Sun Pharmaceutical Industries, Inc	Cornacchione	John	Territory Manager
Sun Pharmaceutical Industries, Inc	Costa	Angela	Account Manager
Sun Pharmaceutical Industries, Inc	Cota	Jennifer	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Covert	Chadd	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Cox	Biagi	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Cross	Amanda	Territory Manager
Sun Pharmaceutical Industries, Inc	Cunningham	Matthew	Account Manager
Sun Pharmaceutical Industries, Inc	Curran	Abbey	Territory Manager
Sun Pharmaceutical Industries, Inc	Currie	Joyce	Territory Manager
Sun Pharmaceutical Industries, Inc	Daniel	Thomas	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Darwin Ruckdeschel	Chelsea	Account Manager
Sun Pharmaceutical Industries, Inc	Davies	Eric	Account Manager
Sun Pharmaceutical Industries, Inc	Davis-Korte	Cheryl	Account Manager
Sun Pharmaceutical Industries, Inc	Day	Barbara	Territory Manager
Sun Pharmaceutical Industries, Inc	Day	Denise	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	De Moor	Jeffrey	Territory Manager
Sun Pharmaceutical Industries, Inc	Deaner	Contessa	Territory Manager
Sun Pharmaceutical Industries, Inc	DeAvilla	Scott	Territory Manager
Sun Pharmaceutical Industries, Inc	DeBoer	John	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Deffenbaugh	Natalie	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	DelRosso	Lydia	Account Manager
Sun Pharmaceutical Industries, Inc	DeMarco	Dana	Territory Manager
Sun Pharmaceutical Industries, Inc	DeRafelo	Jessica	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Derise	Amanda	Territory Manager
Sun Pharmaceutical Industries, Inc	DeVries Witucki	Carol	Account Manager

Sun Pharmaceutical Industries, Inc	Dickson	Emilee	Account Manager
Sun Pharmaceutical Industries, Inc	Dilger	Bryan	Account Manager
Sun Pharmaceutical Industries, Inc	Dixon	Elise	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Dougherty	Benjamin	Account Manager
Sun Pharmaceutical Industries, Inc	Draper	Robert	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Dugan	Sean	Account Manager
Sun Pharmaceutical Industries, Inc	Dulay	Sandeep	Territory Manager
Sun Pharmaceutical Industries, Inc	Dunn	Gordon	Territory Manager
Sun Pharmaceutical Industries, Inc	Dworak	Jana	Territory Manager
Sun Pharmaceutical Industries, Inc	Edwards	Meschel	Account Manager
Sun Pharmaceutical Industries, Inc	Elias	Veronica	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Enger	Michael	Account Manager
Sun Pharmaceutical Industries, Inc	Eyer	Amada	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Fagnan	Neisha	Account Manager
Sun Pharmaceutical Industries, Inc	Fenlon	John	Territory Manager
Sun Pharmaceutical Industries, Inc	Filippello	Daniel	Territory Manager
Sun Pharmaceutical Industries, Inc	Finnerty	Timothy	Territory Manager
Sun Pharmaceutical Industries, Inc	Fiordelisi	Michael	Account Manager
Sun Pharmaceutical Industries, Inc	Fisco	Annie	Account Manager
Sun Pharmaceutical Industries, Inc	Foley	Scott	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Fondon	James	Territory Manager
Sun Pharmaceutical Industries, Inc	Franc	Martha	Account Manager
Sun Pharmaceutical Industries, Inc	Franks	Wesley	Account Manager
Sun Pharmaceutical Industries, Inc	Fraser	Suzanne	Territory Manager
Sun Pharmaceutical Industries, Inc	Freeman	Jennifer	Account Manager
Sun Pharmaceutical Industries, Inc	Friedrich	Tarah	Territory Manager
Sun Pharmaceutical Industries, Inc	Gainor	Thomas	Territory Manager
Sun Pharmaceutical Industries, Inc	Giaimo	Kelly	Territory Manager
Sun Pharmaceutical Industries, Inc	Gilbert	Jeffrey	Account Manager
Sun Pharmaceutical Industries, Inc	Ginn	Heather	Territory Manager
Sun Pharmaceutical Industries, Inc	Gionis	Eugenia	Territory Manager
Sun Pharmaceutical Industries, Inc	Glick	Julie	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Gobbell	Robert	Account Manager
Sun Pharmaceutical Industries, Inc	Goldberg	Todd	Territory Manager
Sun Pharmaceutical Industries, Inc	Goodrich	Amanda	Territory Manager
Sun Pharmaceutical Industries, Inc	Green	Kim	Territory Manager
Sun Pharmaceutical Industries, Inc	Greenwood	Erin	Account Manager
Sun Pharmaceutical Industries, Inc	Griffith	Katherine	Account Manager
Sun Pharmaceutical Industries, Inc	Hall	H	Territory Manager
Sun Pharmaceutical Industries, Inc	Harkins	Joann	Territory Manager
Sun Pharmaceutical Industries, Inc	Hatch	Philip	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Heintz	Deborah	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Helmreich	Margaret	Account Manager
Sun Pharmaceutical Industries, Inc	Hendrix	Ashley	Territory Manager
Sun Pharmaceutical Industries, Inc	Hermann	Kelly	Territory Manager
Sun Pharmaceutical Industries, Inc	Hernandez	Rodolfo	Account Manager
Sun Pharmaceutical Industries, Inc	Herrington	Karla	Account Manager
Sun Pharmaceutical Industries, Inc	Herrmann	Maureen	Account Manager
Sun Pharmaceutical Industries, Inc	Hervey	Rebecca	Territory Manager
Sun Pharmaceutical Industries, Inc	Hilario	Erin Marie	Account Manager
Sun Pharmaceutical Industries, Inc	Hilliard	Dee	Account Manager
Sun Pharmaceutical Industries, Inc	Hilton	Joseph	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Hines	Winston	Account Manager
Sun Pharmaceutical Industries, Inc	Hoesch	Christine	Account Manager
Sun Pharmaceutical Industries, Inc	Hogge	Nathaniel	Account Manager
Sun Pharmaceutical Industries, Inc	Hughes	Jacqueline	Account Manager
Sun Pharmaceutical Industries, Inc	Hughes	Michael	Account Manager
Sun Pharmaceutical Industries, Inc	Hunton	Deidre	Account Manager
Sun Pharmaceutical Industries, Inc	Hutcheson	Marah	Account Manager
Sun Pharmaceutical Industries, Inc	Ideh	Chris	Account Manager
Sun Pharmaceutical Industries, Inc	Iverson	Susan	Account Manager
Sun Pharmaceutical Industries, Inc	Jackson	Bonnie	Account Manager
Sun Pharmaceutical Industries, Inc	Jarres	Kathleen	Account Manager
Sun Pharmaceutical Industries, Inc	Jarvis	Caitlin	Territory Manager
Sun Pharmaceutical Industries, Inc	Johnson	Robert	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Jones	Brandi	Territory Manager
Sun Pharmaceutical Industries, Inc	Joseph	Anne	Account Manager
Sun Pharmaceutical Industries, Inc	Josifovski	Sasho	Account Manager
Sun Pharmaceutical Industries, Inc	Juk	Mary	Account Manager
Sun Pharmaceutical Industries, Inc	Karch	Laura	Account Manager

Sun Pharmaceutical Industries, Inc	Kass	Gertrude	Territory Manager
Sun Pharmaceutical Industries, Inc	Kattos	Michael	Account Manager
Sun Pharmaceutical Industries, Inc	Keim	Christopher	Territory Manager
Sun Pharmaceutical Industries, Inc	Kelly	Arthur	Territory Manager
Sun Pharmaceutical Industries, Inc	Kessler	Andrew	Account Manager
Sun Pharmaceutical Industries, Inc	Kim	Kathryn	Account Manager
Sun Pharmaceutical Industries, Inc	Kirby	Micheal	Account Manager
Sun Pharmaceutical Industries, Inc	Kleinman	Neysa	Account Manager
Sun Pharmaceutical Industries, Inc	Klima	Pavel	Account Manager
Sun Pharmaceutical Industries, Inc	Koehn	Kristen	Account Manager
Sun Pharmaceutical Industries, Inc	Kohler	Stacie	Account Manager
Sun Pharmaceutical Industries, Inc	Koscielniak	Jody	Account Manager
Sun Pharmaceutical Industries, Inc	Kothadia	Janvi	Account Manager
Sun Pharmaceutical Industries, Inc	Kozlowski	Marek	Account Manager
Sun Pharmaceutical Industries, Inc	Krayacich	Matthew	Territory Manager
Sun Pharmaceutical Industries, Inc	Kribs	Keenan	Account Manager
Sun Pharmaceutical Industries, Inc	Ladson	Carl	Account Manager
Sun Pharmaceutical Industries, Inc	Laguarta	Jamie	Account Manager
Sun Pharmaceutical Industries, Inc	Lamping	Katlyn	Account Manager
Sun Pharmaceutical Industries, Inc	Lanoue	Patrick	Territory Manager
Sun Pharmaceutical Industries, Inc	Lanteri	Jason	Territory Manager
Sun Pharmaceutical Industries, Inc	LaSusa	Roxanne	Territory Manager
Sun Pharmaceutical Industries, Inc	LeGuin	Caroline	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Linhart	Jennifer	Territory Manager
Sun Pharmaceutical Industries, Inc	Lizotte	Danielle	Territory Manager
Sun Pharmaceutical Industries, Inc	Lodato	George	Account Manager
Sun Pharmaceutical Industries, Inc	Lookingbill	Wade	Account Manager
Sun Pharmaceutical Industries, Inc	LoPiccolo	Gabrielle	Account Manager
Sun Pharmaceutical Industries, Inc	Lopotro	Alyssa	Account Manager
Sun Pharmaceutical Industries, Inc	Lorish	Christina	Account Manager
Sun Pharmaceutical Industries, Inc	Lueker	Corrie	Territory Manager
Sun Pharmaceutical Industries, Inc	Lyons	Miriam	Account Manager
Sun Pharmaceutical Industries, Inc	Mack	Peter	Territory Manager
Sun Pharmaceutical Industries, Inc	Maletteri	Jayme	Brand Manager, Dermotology Marketing
Sun Pharmaceutical Industries, Inc	Malkin	Amanda	Territory Manager
Sun Pharmaceutical Industries, Inc	Malone	Barbara	Territory Manager
Sun Pharmaceutical Industries, Inc	Martin	Jeffery	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Martin	Thomas	Account Manager
Sun Pharmaceutical Industries, Inc	Mattson	Brenna	Account Manager
Sun Pharmaceutical Industries, Inc	Mauro	Jose	Territory Manager
Sun Pharmaceutical Industries, Inc	McClellan	Stacy	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	McCollar	Jennifer	Territory Manager
Sun Pharmaceutical Industries, Inc	Mccowan	Christopher	Account Manager
Sun Pharmaceutical Industries, Inc	McDole	Dana	Account Manager
Sun Pharmaceutical Industries, Inc	McEwen	Brett	Account Manager
Sun Pharmaceutical Industries, Inc	Medina	Cidney	Account Manager
Sun Pharmaceutical Industries, Inc	Merrick	Lisa	Territory Manager
Sun Pharmaceutical Industries, Inc	Metzler	Alison	Account Manager
Sun Pharmaceutical Industries, Inc	Michael	Jammie	Territory Manager
Sun Pharmaceutical Industries, Inc	Miller	Randall	Account Manager
Sun Pharmaceutical Industries, Inc	Miller	Timothy	Territory Manager
Sun Pharmaceutical Industries, Inc	Mislan	David	Account Manager
Sun Pharmaceutical Industries, Inc	Moffett	Robert	Account Manager
Sun Pharmaceutical Industries, Inc	Montiel-King	Zully	Territory Manager
Sun Pharmaceutical Industries, Inc	Moore	Laura	Account Manager
Sun Pharmaceutical Industries, Inc	Morse	Brittany	Territory Manager
Sun Pharmaceutical Industries, Inc	Motaescu	Irina	Territory Manager
Sun Pharmaceutical Industries, Inc	Mott	Kelly	Territory Manager
Sun Pharmaceutical Industries, Inc	Mottaghian	Mitra	Territory Manager
Sun Pharmaceutical Industries, Inc	Muehlstein	Grayson	Territory Manager
Sun Pharmaceutical Industries, Inc	Muldowney	Thomas	Account Manager
Sun Pharmaceutical Industries, Inc	Mungyu	Alice	Account Manager
Sun Pharmaceutical Industries, Inc	Murillo	Liza	Account Manager
Sun Pharmaceutical Industries, Inc	Musselman	MaryAnna	Account Manager
Sun Pharmaceutical Industries, Inc	Nabers	Leigh Ann	Territory Manager
Sun Pharmaceutical Industries, Inc	Nave	Clair	Account Manager
Sun Pharmaceutical Industries, Inc	Nelson	Darrell	Territory Manager
Sun Pharmaceutical Industries, Inc	Nesdahl	Daniel	Account Manager
Sun Pharmaceutical Industries, Inc	Ngo	Thai Van	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Noll	Thomas	Territory Manager

Sun Pharmaceutical Industries, Inc	O'Connell	Catherine	Territory Manager
Sun Pharmaceutical Industries, Inc	O'Neil	Mara	Territory Manager
Sun Pharmaceutical Industries, Inc	O'Riley	Kevin	Account Manager
Sun Pharmaceutical Industries, Inc	Ocasio	Benedicto	Account Manager
Sun Pharmaceutical Industries, Inc	Odom	Chelsi	Territory Manager
Sun Pharmaceutical Industries, Inc	Orindgraff	Kayla	Territory Manager
Sun Pharmaceutical Industries, Inc	Orlova	Edrica	Account Manager
Sun Pharmaceutical Industries, Inc	Ossey	Gerald	Account Manager
Sun Pharmaceutical Industries, Inc	Overby	Clay	Territory Manager
Sun Pharmaceutical Industries, Inc	Page	Robert	Account Manager
Sun Pharmaceutical Industries, Inc	Palacios	Elizabeth	Territory Manager
Sun Pharmaceutical Industries, Inc	Pasqua	Keith	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Patten	Savannah	Account Manager
Sun Pharmaceutical Industries, Inc	Patterson	Kelli	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Patterson	Tyler	Account Manager
Sun Pharmaceutical Industries, Inc	Payne	Courtney	Territory Manager
Sun Pharmaceutical Industries, Inc	Pettry	Carolyn	Territory Manager
Sun Pharmaceutical Industries, Inc	Phillips	Kristin	Account Manager
Sun Pharmaceutical Industries, Inc	Pietraszkiewicz	Gregory	Account Manager
Sun Pharmaceutical Industries, Inc	Pike	Angela	Territory Manager
Sun Pharmaceutical Industries, Inc	Poindexter	Kurt	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Poire	Rebecca	Territory Manager
Sun Pharmaceutical Industries, Inc	Porter	Joseph	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Pulli	Brooke	Account Manager
Sun Pharmaceutical Industries, Inc	Rabbani	Safder	Territory Manager
Sun Pharmaceutical Industries, Inc	Rains	Bree	Account Manager
Sun Pharmaceutical Industries, Inc	Rand	John	Account Manager
Sun Pharmaceutical Industries, Inc	Randel	Kimberly	Territory Manager
Sun Pharmaceutical Industries, Inc	Rebstock	Charlene	Territory Manager
Sun Pharmaceutical Industries, Inc	Rendel	Irina	Account Manager
Sun Pharmaceutical Industries, Inc	Rex	Tadra	Account Manager
Sun Pharmaceutical Industries, Inc	Reynolds	Shelly	Territory Manager
Sun Pharmaceutical Industries, Inc	Rice	Ami	Account Manager
Sun Pharmaceutical Industries, Inc	Richardson	Brad	Account Manager
Sun Pharmaceutical Industries, Inc	Rigoliosi	Christopher	Brand Manager, Marketing Levulan
Sun Pharmaceutical Industries, Inc	Riley	Elizabeth	Territory Manager
Sun Pharmaceutical Industries, Inc	Riley	John	Account Manager
Sun Pharmaceutical Industries, Inc	Ringhofer	Stephen	Account Manager
Sun Pharmaceutical Industries, Inc	Rivera	Edwin	Account Manager
Sun Pharmaceutical Industries, Inc	Robins	Kathleen	Account Manager
Sun Pharmaceutical Industries, Inc	Roe	Melissa	Account Manager
Sun Pharmaceutical Industries, Inc	Rogerson	Tina	Account Manager
Sun Pharmaceutical Industries, Inc	Romero	Jonathan	Account Manager
Sun Pharmaceutical Industries, Inc	Rork	Bryan	Account Manager
Sun Pharmaceutical Industries, Inc	Russell	Frank	Account Manager
Sun Pharmaceutical Industries, Inc	Santiago	Cherica	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Sargent	Julie	Territory Manager
Sun Pharmaceutical Industries, Inc	Sawa	Kathryn	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Schlosser	Douglas	Account Manager
Sun Pharmaceutical Industries, Inc	Schmaltz	Shannon	Territory Manager
Sun Pharmaceutical Industries, Inc	Schmidt	Amy	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Schmidt	Gerard	Account Manager
Sun Pharmaceutical Industries, Inc	Schnelwar	Elissa	Account Manager
Sun Pharmaceutical Industries, Inc	Schroeder	Joshua	Account Manager
Sun Pharmaceutical Industries, Inc	Schwab	Martha	Account Manager
Sun Pharmaceutical Industries, Inc	Schwartz	David	Account Manager
Sun Pharmaceutical Industries, Inc	Schweighardt	Stephenie	Territory Manager
Sun Pharmaceutical Industries, Inc	Sebek	Sterling	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Seitz	Mark	Territory Manager
Sun Pharmaceutical Industries, Inc	Serapiglia	Nicholas	Territory Manager
Sun Pharmaceutical Industries, Inc	Shamrakov	Dzanetta	Account Manager
Sun Pharmaceutical Industries, Inc	Shapiro	Stacey	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Sheppard	Erica	Territory Manager
Sun Pharmaceutical Industries, Inc	Sherrod	Allison	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Sherwood	Leigh	Account Manager
Sun Pharmaceutical Industries, Inc	Shields	Justin	Territory Manager
Sun Pharmaceutical Industries, Inc	Shields	Katherine	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Siena	Amber	Account Manager
Sun Pharmaceutical Industries, Inc	Sieverding	Abby	Territory Manager
Sun Pharmaceutical Industries, Inc	Sigler	John	Senior Territory Manager

Sun Pharmaceutical Industries, Inc	Skulski	Jane	Territory Manager
Sun Pharmaceutical Industries, Inc	Smaha	Kelley Anne	Account Manager
Sun Pharmaceutical Industries, Inc	Smith	Caitlin	Territory Manager
Sun Pharmaceutical Industries, Inc	Sokolewicz	Josh	Account Manager
Sun Pharmaceutical Industries, Inc	Solomon	Timothy	Territory Manager
Sun Pharmaceutical Industries, Inc	Sorensen	Bryan	Territory Manager
Sun Pharmaceutical Industries, Inc	Soto	David	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Soucy	David	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Spaziani	Kendall	Account Manager
Sun Pharmaceutical Industries, Inc	Sprain	Robert	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Spray	Kathryn	Account Manager
Sun Pharmaceutical Industries, Inc	St. Aubin	Lisa	Account Manager
Sun Pharmaceutical Industries, Inc	Stanaj	Gjovana	Territory Manager
Sun Pharmaceutical Industries, Inc	Stanley	Philip	Account Manager
Sun Pharmaceutical Industries, Inc	Stavley	Courtland	Account Manager
Sun Pharmaceutical Industries, Inc	Steffes	William	Territory Manager
Sun Pharmaceutical Industries, Inc	Stevenson	Jeffrey	Account Manager
Sun Pharmaceutical Industries, Inc	Stojanovski	Nancy	Territory Manager
Sun Pharmaceutical Industries, Inc	Stubbs	Alia	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Sturm	Gregory	Territory Manager
Sun Pharmaceutical Industries, Inc	Sutter	Stacy	Territory Manager
Sun Pharmaceutical Industries, Inc	Swanson	Brooke	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Swisher	Justin	Account Manager
Sun Pharmaceutical Industries, Inc	Taylor	Austin	Account Manager
Sun Pharmaceutical Industries, Inc	Taylor	Scott	Account Manager
Sun Pharmaceutical Industries, Inc	Taylor	Vonda	Account Manager
Sun Pharmaceutical Industries, Inc	Tees	Christina	Territory Manager
Sun Pharmaceutical Industries, Inc	Thomas	Dwayne	Territory Manager
Sun Pharmaceutical Industries, Inc	Thornburgh	Michael	Territory Manager
Sun Pharmaceutical Industries, Inc	Tippett	Mark	Account Manager
Sun Pharmaceutical Industries, Inc	Tollini	Gregg	Account Manager
Sun Pharmaceutical Industries, Inc	Toomey	Jaclyn	Account Manager
Sun Pharmaceutical Industries, Inc	Tran	Chloe	Account Manager
Sun Pharmaceutical Industries, Inc	Underwood	James	Account Manager
Sun Pharmaceutical Industries, Inc	Urban	Amy	Account Manager
Sun Pharmaceutical Industries, Inc	Valek	Nathan	Account Manager
Sun Pharmaceutical Industries, Inc	Valentine	Leslie	Territory Manager
Sun Pharmaceutical Industries, Inc	Valentine	Rian	Account Manager
Sun Pharmaceutical Industries, Inc	Van Leeuwen	Devin	Territory Manager
Sun Pharmaceutical Industries, Inc	Velardo	Rosalie	Territory Manager
Sun Pharmaceutical Industries, Inc	Vorhies	Kenneth	Territory Manager
Sun Pharmaceutical Industries, Inc	Wagner	Michael	Account Manager
Sun Pharmaceutical Industries, Inc	Walter	Hope	Territory Manager
Sun Pharmaceutical Industries, Inc	Weaver	Wayland	Account Manager
Sun Pharmaceutical Industries, Inc	Weed	Kristin	Territory Manager
Sun Pharmaceutical Industries, Inc	Wenz	Christin	Territory Manager
Sun Pharmaceutical Industries, Inc	Westfall	Christine	Territory Manager
Sun Pharmaceutical Industries, Inc	Whelan	Jill	Territory Manager
Sun Pharmaceutical Industries, Inc	White	Jamal	Account Manager
Sun Pharmaceutical Industries, Inc	White	Tenisha	Account Manager
Sun Pharmaceutical Industries, Inc	Whitten	Jennifer	Account Manager
Sun Pharmaceutical Industries, Inc	Williams	Anne	Territory Manager
Sun Pharmaceutical Industries, Inc	Williams	Keisha	Territory Manager
Sun Pharmaceutical Industries, Inc	Williams	Nancy	Account Manager
Sun Pharmaceutical Industries, Inc	Witkop	Jennifer	Account Manager
Sun Pharmaceutical Industries, Inc	Wojtowicz	Mark	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Wolff	Collette	Senior Territory Manager
Sun Pharmaceutical Industries, Inc	Wright	Jacqueline	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Wu	Rita	Account Manager
Sun Pharmaceutical Industries, Inc	Yan	Betty	Account Manager
Sun Pharmaceutical Industries, Inc	Yanno	Andrea	Account Manager
Sun Pharmaceutical Industries, Inc	Yates	Alexis	Account Manager
Sun Pharmaceutical Industries, Inc	Yurubi	Douglas	Territory Manager
Sun Pharmaceutical Industries, Inc	Zaragoza	Mae	Account Manager
Sun Pharmaceutical Industries, Inc	Zeman	Amy	Account Manager
Sun Pharmaceutical Industries, Inc	Zumbo	Frank	Account Manager
Sun Pharmaceutical Industries, Inc	Cooley	Andrew	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Buckler	Gail	Human Resources Business Partner
Sun Pharmaceutical Industries, Inc	Chittella	Jyotsna	Senior Associate, Global Procurement
Sun Pharmaceutical Industries, Inc	Desai	Mukesh	Manager, Finance

Sun Pharmaceutical Industries, Inc	DeSouza	Rachael	Electronic Data Interchange Architect, IT
Sun Pharmaceutical Industries, Inc	Freeman	Joanne	Senior Business Analyst, Third Party Outsourcing
Sun Pharmaceutical Industries, Inc	McIntyre	Angela	Manager, Workforce Services
Sun Pharmaceutical Industries, Inc	Pandya	Arti	Senior Associate, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Pilaj	Ilirian	Senior Analyst, Government Pricing
Sun Pharmaceutical Industries, Inc	Williams	Kevin	Manager, Customer Service
Sun Pharmaceutical Industries, Inc	Abdoo	Douglas	Senior Associate, Procurement
Sun Pharmaceutical Industries, Inc	Attardo	David	Manager, Accounting
Sun Pharmaceutical Industries, Inc	Bhatt	Nikhil	Manufacturing Engineer
Sun Pharmaceutical Industries, Inc	Bienkowski	Ryan	Manager, Pricing and Contracts
Sun Pharmaceutical Industries, Inc	Boyarsky	Davia	Recruiter, Talent Acquisition
Sun Pharmaceutical Industries, Inc	Brown	Keron	Manager, Portfolio Analysis
Sun Pharmaceutical Industries, Inc	Brown	Quintell	Manager, Veeva CRM
Sun Pharmaceutical Industries, Inc	Chiocchi	Laura	Manager, Compliance Training
Sun Pharmaceutical Industries, Inc	Cho	Alison	Human Resources Business Partner
Sun Pharmaceutical Industries, Inc	Ciarricco	Richard	Senior Designer
Sun Pharmaceutical Industries, Inc	Class	Ryan	Manager, Customer Service
Sun Pharmaceutical Industries, Inc	Corcoran	Luisa	Manager, Institutional Pricing and Contracts
Sun Pharmaceutical Industries, Inc	Cruz	Anthony	Senior Analyst, Data Center
Sun Pharmaceutical Industries, Inc	Dascy	Judith	Senior Associate, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Fiorillo	Joshua	Brand Manager, Medical Dermatology Marketing
Sun Pharmaceutical Industries, Inc	Fisher	Ryan	Senior Analyst, Finance
Sun Pharmaceutical Industries, Inc	Gonzalez	Carnetha	Senior Associate, Docketing
Sun Pharmaceutical Industries, Inc	Haldeman	Victor	Lead, IT, DC/Operations
Sun Pharmaceutical Industries, Inc	Jackman	Todd	Senior Associate, Service Delivery Lead
Sun Pharmaceutical Industries, Inc	Kalra	Neeti	Manager, Accounting
Sun Pharmaceutical Industries, Inc	Khosravi-Sichani	Ghazzaleh	Brand Manager, Oncology Marketing
Sun Pharmaceutical Industries, Inc	Kim	Huck	Senior Financial Analyst
Sun Pharmaceutical Industries, Inc	Knipp	Samantha	Senior Account Manager
Sun Pharmaceutical Industries, Inc	Lane	Kayla	Senior Specialist, Quality Assurance Analytics
Sun Pharmaceutical Industries, Inc	Lee	Jennifer	Brand Manager, Marketing Oncology
Sun Pharmaceutical Industries, Inc	Lin	Lang	Senior Financial Analyst, Generic Pricing
Sun Pharmaceutical Industries, Inc	Merryman	Benson	Senior Analyst, Sales and Marketing
Sun Pharmaceutical Industries, Inc	Namala	Nithisha	Senior Associate, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Nayak	Shradha	Senior Analyst, Pricing and Contracts
Sun Pharmaceutical Industries, Inc	Nikander	Wayne	Senior Scientist, Analytical Development
Sun Pharmaceutical Industries, Inc	Patel	Dharmesh	Senior Associate, Global Procurement
Sun Pharmaceutical Industries, Inc	Patel	Dhaval	Administrator, IT
Sun Pharmaceutical Industries, Inc	Patel	Gaurang	Senior Manufacturing Engineer
Sun Pharmaceutical Industries, Inc	Patel	Hirenkumar	Administrator, IT
Sun Pharmaceutical Industries, Inc	Patel	Meera	Senior Associate, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Patel	Megha	Manager, Sales Operations
Sun Pharmaceutical Industries, Inc	Patel	Nirav	Senior Associate, IT
Sun Pharmaceutical Industries, Inc	Rojas	Felix	Manager, Fleet
Sun Pharmaceutical Industries, Inc	Ryan	Kevin	Systems Engineer, IT
Sun Pharmaceutical Industries, Inc	Shaikh	Munaf	Process Manufacturing Engineer I
Sun Pharmaceutical Industries, Inc	Siano	Tadd	Project Manager, Cross Contamination
Sun Pharmaceutical Industries, Inc	Singh	Himanshi	Manager, STAT Programming
Sun Pharmaceutical Industries, Inc	Stellwagen	Campbelle	Senior Analyst, CEO Office
Sun Pharmaceutical Industries, Inc	Suchak	Gargi	Senior Associate, Drug Safety
Sun Pharmaceutical Industries, Inc	Thomas	Walter	Senior Accountant
Sun Pharmaceutical Industries, Inc	Umpierrez	Gustavo	Project Manager, Development
Sun Pharmaceutical Industries, Inc	Vora	Dharmesh	Manager, Market Insights and Analytics
Sun Pharmaceutical Industries, Inc	Woroniecki	Melissa	Senior Analyst, Market Access
Sun Pharmaceutical Industries, Inc	Dillon-Nye	Catherine	Analyst II, Quality Control
Sun Pharmaceutical Industries, Inc	Seligman	Amy	Microbiologist II, Quality Control
Sun Pharmaceutical Industries, Inc	Taormina	Dina	Senior Associate, Sales Training
Sun Pharmaceutical Industries, Inc	Mannion	Michael	Associate, Facilities
Sun Pharmaceutical Industries, Inc	Blair	Patrick	Service Delivery Lead, IT
Sun Pharmaceutical Industries, Inc	Calvetti	Michael	Senior Buyer/Planner, Material Management
Sun Pharmaceutical Industries, Inc	Carroll	Mitra	Quality Assurance Specialist II
Sun Pharmaceutical Industries, Inc	Castaneira	Elias	Coordinator, Marketing Brands
Sun Pharmaceutical Industries, Inc	Cruz	Rochelly	Senior Quality Control Analyst, Stability
Sun Pharmaceutical Industries, Inc	Gandhi	Nilesh	Supervisor, Accounts Payable
Sun Pharmaceutical Industries, Inc	Gupta	Shuchita	Analyst, Rebate
Sun Pharmaceutical Industries, Inc	Joshi	Himani Yogesh	Analyst, Sales & Marketing
Sun Pharmaceutical Industries, Inc	Kapadia	Kunal	Analyst, Business Development
Sun Pharmaceutical Industries, Inc	Lerner	Steven	Analyst, Supply Chain
Sun Pharmaceutical Industries, Inc	Mehan	Shikha	Associate, Drug Safety
Sun Pharmaceutical Industries, Inc	Miller	Heather	Analyst, Government Pricing

Sun Pharmaceutical Industries, Inc	Muntha	Ambika	Senior Accountant
Sun Pharmaceutical Industries, Inc	Orlando	Daniel	Supervisor, Plant Services
Sun Pharmaceutical Industries, Inc	Patel	Rishikesh	Account Manager
Sun Pharmaceutical Industries, Inc	Purandare	Amogh	Analyst, Sales Operations
Sun Pharmaceutical Industries, Inc	Rivera	Beatriz	Associate, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Saenz	Jacob	Associate, Field Sales
Sun Pharmaceutical Industries, Inc	Sammour	Ruah	Associate III, CMO
Sun Pharmaceutical Industries, Inc	Sanghavi	Devarsh	Analyst, Supply Chain
Sun Pharmaceutical Industries, Inc	Silva	Melissa	Associate Brand Manager
Sun Pharmaceutical Industries, Inc	Snell	Prescott	Service Delivery Lead, IT
Sun Pharmaceutical Industries, Inc	Tennent	Susan	Associate, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Vats	Manisha	Associate, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Voorhees	Ayana	Analyst, Government Pricing
Sun Pharmaceutical Industries, Inc	Waldron	Xiomara	Associate, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Williams	Percival	Supervisor, Metrology
Sun Pharmaceutical Industries, Inc	Zhang	Jinjin	Associate, Total Rewards
Sun Pharmaceutical Industries, Inc	Ram	Yeth	Lead, Inspection and Packaging Technician
Sun Pharmaceutical Industries, Inc	Weiser	Kevin	Analyst, Pricing and Contract
Sun Pharmaceutical Industries, Inc	Patel	Jinalkumari	Microbiologist I, Quality Control
Sun Pharmaceutical Industries, Inc	Blinston	Melissa	Customer Service Associate
Sun Pharmaceutical Industries, Inc	Eden	Meredith	Curriculum Coordinator, Brand Sales Training
Sun Pharmaceutical Industries, Inc	Forbes	Jaszman	Analyst, Accounts Receivable
Sun Pharmaceutical Industries, Inc	Lettiere	Noelle	Coordinator, Talent Acquisition
Sun Pharmaceutical Industries, Inc	Sawyer	John	Coordinator, Marketing
Sun Pharmaceutical Industries, Inc	Volkmann	Kyle	Financial Analyst
Sun Pharmaceutical Industries, Inc	Dhruva	Dhananjay	Clinical Scientist
Sun Pharmaceutical Industries, Inc	Chappell	Lisa-Renee	Senior Coordinator, Marketing
Sun Pharmaceutical Industries, Inc	Farr	Elizabeth	Senior Coordinator, Marketing
Sun Pharmaceutical Industries, Inc	Gupta	Vibhuti	Associate, Medical Affairs Operations
Sun Pharmaceutical Industries, Inc	Jaffery	Kashif	Coordinator, Travel
Sun Pharmaceutical Industries, Inc	McCurdy	Richard	Analyst I, Quality Control
Sun Pharmaceutical Industries, Inc	Ryan	James	Plant Services Specialist
Sun Pharmaceutical Industries, Inc	Soni	Anil	Metrology Technician II
Sun Pharmaceutical Industries, Inc	Coleman	Christopher	Technician Incoming II, Quality Control
Sun Pharmaceutical Industries, Inc	Batiste	Tracy	Billing Coordinator, Legal
Sun Pharmaceutical Industries, Inc	Boyle	Kaitlin	Coordinator, MLR
Sun Pharmaceutical Industries, Inc	Crowley	Kyle	Plant Service Specialist
Sun Pharmaceutical Industries, Inc	Doshi	Valerie	Associate, Drug Safety
Sun Pharmaceutical Industries, Inc	Esposito	Michelle	Paralegal
Sun Pharmaceutical Industries, Inc	Kuznetsov	Katya	Coordinator, Pricing
Sun Pharmaceutical Industries, Inc	Rivera	Miguel	Specialist, Plant Services
Sun Pharmaceutical Industries, Inc	Rosario	Brenda	Senior Associate, Customer Service
Sun Pharmaceutical Industries, Inc	Whitehouse	John	Specialist, Plant Services
Sun Pharmaceutical Industries, Inc	Chek	Kimberly	Coordinator, Sales Operations
Sun Pharmaceutical Industries, Inc	De Rosa	Angelina	Coordinator, Market Access
Sun Pharmaceutical Industries, Inc	Hensley	Darlene	Clerk, Accounts Payable
Sun Pharmaceutical Industries, Inc	Hutchinson	Tasha	Executive Assistant, Medical Dermatology
Sun Pharmaceutical Industries, Inc	O'Neill	Michelle	Senior Customer Service Representative
Sun Pharmaceutical Industries, Inc	Patel	Kruti	Executive Assistant, CEO Office
Sun Pharmaceutical Industries, Inc	Renna	Nella	Executive Assistant, Medical Affairs
Sun Pharmaceutical Industries, Inc	Slack	Patrick	Senior Customer Service Representative
Sun Pharmaceutical Industries, Inc	Stickney	Danielle	Documentation Control Coordinator
Sun Pharmaceutical Industries, Inc	Warne	Jacqueline	Executive Assistant, SPARC
Sun Pharmaceutical Industries, Inc	Brissette	Alexander	Microbiology Technician
Sun Pharmaceutical Industries, Inc	Mako	Valerie	Customer Service Representative
Sun Pharmaceutical Industries, Inc	Weiss	Alyson	Customer Service Representative
Sun Pharmaceutical Industries, Inc	Cordero	Diane	Clerk, Accounts Payable
Sun Pharmaceutical Industries, Inc	Drummond	Roxanne Faye	Customer Service Representative
Sun Pharmaceutical Industries, Inc	Powell	Kimberly	Customer Service Representative
Sun Pharmaceutical Industries, Inc	Prendergast	Marion	Customer Service Representative
Sun Pharmaceutical Industries, Inc	Quinn	Jeanette	Customer Service Representative
Sun Pharmaceutical Industries, Inc	Thayer	Elizabeth	Administrative Assistant, SPARC
Sun Pharmaceutical Industries, Inc	Uwusiaba	Nelson	Senior Materials Handler
Sun Pharmaceutical Industries, Inc	Estrada	Huascar	Senior Materials Handler
Sun Pharmaceutical Industries, Inc	Grossman	Matthew	Senior Materials Handler III
Sun Pharmaceutical Industries, Inc	Gandhi	Abhay	CEO, NAM
Sun Pharmaceutical Industries, Inc	Breeze	Jila	Executive Vice President, Global Head Quality
Sun Pharmaceutical Industries, Inc	Sanghvi	Pradeep	Executive Vice President, Head of US Research and Devlopment
Sun Pharmaceutical Industries, Inc	Hagler	Mark	Senior Vice President, Ophthalmics
Sun Pharmaceutical Industries, Inc	Simon	Mark	Strategic Advisor

Sun Pharmaceutical Industries, Inc	Yao	Siu-Long	Senior Vice President, Clinical Development
Sun Pharmaceutical Industries, Inc	Ranganathan	Rajesh	Vice President, Clinical Operations
Sun Pharmaceutical Industries, Inc	Albert	Zvi	Vice President, Finance and CFO
Sun Pharmaceutical Industries, Inc	Cooper	Steven	Vice President, Market Access
Sun Pharmaceutical Industries, Inc	Ferguson	Robert	Vice President, Head of US Biologics
Sun Pharmaceutical Industries, Inc	LeSueur	Daryl	Vice President, Head of Operations, NA
Sun Pharmaceutical Industries, Inc	Michail	Hany	Vice President, Clinical Research, Ophthalmics
Sun Pharmaceutical Industries, Inc	Mungara	Venkata	Vice President, Supply Chain
Sun Pharmaceutical Industries, Inc	Nelson	Andrew	Vice President, Sales, Marketing and Dermatology
Sun Pharmaceutical Industries, Inc	Zwicker	Erik	Vice President, General Counsel
Sun Pharmaceutical Industries, Inc	Goga	Thomas	Vice President, Sales, Marketing and Dermatology
Sun Pharmaceutical Industries, Inc	Mark	Ejim	Vice President, Head of Medical Affairs
Sun Pharmaceutical Industries, Inc	Zanga	Andrew	Vice President, Head of Oncology
Sun Pharmaceutical Industries, Inc	Kuchii	Craig	Associate Vice President, Intellectual Property
Sun Pharmaceutical Industries, Inc	Rathi	Mukul	Associate Vice President, Brand Procurement
Sun Pharmaceutical Industries, Inc	Shah	Anand	Associate Vice President, Head of Generic Retail Rx
Sun Pharmaceutical Industries, Inc	Squittieri	Nicholas	Associate Vice President, Medical Affairs
Sun Pharmaceutical Industries, Inc	Stoffel	Paul	Associate Vice President, Clinical Operations
Sun Pharmaceutical Industries, Inc	Winters	Shannon	Associate Vice President, Publications
Sun Pharmaceutical Industries, Inc	Lowney	Karen	Associate Vice President, Head of Compliance
Sun Pharmaceutical Industries, Inc	Malhotra	Mukta	Associate Vice President, Third Party Outsourcing
Sun Pharmaceutical Industries, Inc	Mergel	Victor	Associate Vice President, Biostatistics
Sun Pharmaceutical Industries, Inc	Piccoli	Steven	Associate Vice President, Biomarker
Sun Pharmaceutical Industries, Inc	Sharp	Janet	Associate Vice President, Managed Markets
Sun Pharmaceutical Industries, Inc	Tuppil	Jagannathan	Senior Director, Commercial Brands
Sun Pharmaceutical Industries, Inc	Andrade	Tomas	Senior Director, Managed Markets
Sun Pharmaceutical Industries, Inc	Harris	Paul	National Sales Director
Sun Pharmaceutical Industries, Inc	Leal	Jesus	National Sales Director
Sun Pharmaceutical Industries, Inc	Marshall	Todd	Senior Director, Government Business
Sun Pharmaceutical Industries, Inc	Rozzo	Stephen	Senior Director, Medical Affairs
Sun Pharmaceutical Industries, Inc	Esposito	David	National Sales Director
Sun Pharmaceutical Industries, Inc	Jennings	Brian	National Sales Director
Sun Pharmaceutical Industries, Inc	Marroquin	Rachel	Senior Director, Managed Markets
Sun Pharmaceutical Industries, Inc	McCarthy	James	Area Sales Director
Sun Pharmaceutical Industries, Inc	Roberts	Edward	Senior Director, Head of Field Reimbursement
Sun Pharmaceutical Industries, Inc	Damphousse	Paul	Senior Director, Development
Sun Pharmaceutical Industries, Inc	Faulkner	Robert	Senior Director, Clinical Pharmacol
Sun Pharmaceutical Industries, Inc	Felock	John	Senior Director, Sales and Marketing
Sun Pharmaceutical Industries, Inc	Jackson	Kiery	Senior Director, Marketing Neurology
Sun Pharmaceutical Industries, Inc	Kane	John	Senior Director, Head of Commercial Field Training
Sun Pharmaceutical Industries, Inc	Kopeloff	Iris	Senior Director, Dermatology - Clinical Development
Sun Pharmaceutical Industries, Inc	Kothari	Paresh	Senior Director, Facilities and Engineering
Sun Pharmaceutical Industries, Inc	Magrino	Paul	Senior Director, Facilities and Administration
Sun Pharmaceutical Industries, Inc	Shannon	Maureen	Senior Director, Healthcare Compliance Marketing
Sun Pharmaceutical Industries, Inc	Tuorto	Gregory	Senior Director, IT and Infrastructure
Sun Pharmaceutical Industries, Inc	Allen	Marvin	Senior Director, Trade and Distribution
Sun Pharmaceutical Industries, Inc	Dowell	Eric	Senior Director, Head of Litigation
Sun Pharmaceutical Industries, Inc	Fetaya	Albert	Senior Director, Business Development and Strategy
Sun Pharmaceutical Industries, Inc	Kumar	Chanakanti	Senior Director, Medical Writer
Sun Pharmaceutical Industries, Inc	Kumar	Chandrika	Senior Director, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	LaPorte JR.	Robert	Senior Director, Governmental Pricing and Contracting
Sun Pharmaceutical Industries, Inc	LeFever	Robert	Senior Director, Human Resources
Sun Pharmaceutical Industries, Inc	O'Shea	Anne	Senior Director, Marketing-Ophthalmology
Sun Pharmaceutical Industries, Inc	Sheth	Amit	Senior Director, IT
Sun Pharmaceutical Industries, Inc	Weinseimer	Philip	Senior Director, Commercial Operations
Sun Pharmaceutical Industries, Inc	White	Michael	Senior Director, Regulatory Affairs Ops
Sun Pharmaceutical Industries, Inc	Xie	Lei (Larry)	Senior Director, Biostatistics
Sun Pharmaceutical Industries, Inc	Glauberzon	Angela	Director, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Berrey III	Fredrick	Director, Institutional National Accounts
Sun Pharmaceutical Industries, Inc	Carlson	Forrest	Strategic Account Director
Sun Pharmaceutical Industries, Inc	Gambuti	Michael	Regional Account Director
Sun Pharmaceutical Industries, Inc	McGalliard	Jolene	Director, Retail National Accounts
Sun Pharmaceutical Industries, Inc	Neal	Robert	Area Sales Director
Sun Pharmaceutical Industries, Inc	Nyquist	Katie	Strategic Market Director
Sun Pharmaceutical Industries, Inc	Rodacker	Steven	Director, Medicare/Medicaid/FR East
Sun Pharmaceutical Industries, Inc	Salotto	Maria	Director, Institutional National Accounts
Sun Pharmaceutical Industries, Inc	Zapf	George	Director, CMC Strategist
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Sun Pharmaceutical Industries, Inc	Barrette	Lynn	Area Sales Director
Sun Pharmaceutical Industries, Inc	Brown	Judith	Strategic Account Director

Sun Pharmaceutical Industries, Inc	Carkhuff	Charles	Area Sales Director
Sun Pharmaceutical Industries, Inc	Davis	Brent	Strategic Account Director
Sun Pharmaceutical Industries, Inc	Howard	Heather	Corporate Account Director
Sun Pharmaceutical Industries, Inc	Labossiere	Fauster	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Mitchell	Brittany	Director, Medical Ophthalmology
Sun Pharmaceutical Industries, Inc	Pearson	Donald	Regional Account Director, USGB
Sun Pharmaceutical Industries, Inc	Pettaway	Marvin	Director, Corporate Accounts
Sun Pharmaceutical Industries, Inc	Ribic	Andrej	Director, Professional Relations
Sun Pharmaceutical Industries, Inc	Ricketts	David	Area Sales Director
Sun Pharmaceutical Industries, Inc	Riekhof	Michael	National Account Director, Trade
Sun Pharmaceutical Industries, Inc	Sayer	Natasha	Strategic Market Director
Sun Pharmaceutical Industries, Inc	Tetto	David	Area Sales Director
Sun Pharmaceutical Industries, Inc	Wicker	Brian	Director, Specialty Business Relations
Sun Pharmaceutical Industries, Inc	Zak	Paige	Director, Corporate Accounts
Sun Pharmaceutical Industries, Inc	Sperling	Paul	Strategic Marketing Director
Sun Pharmaceutical Industries, Inc	Baran	Stefanie	Strategic Account Director
Sun Pharmaceutical Industries, Inc	Desai	Tarunkumar	Director, IT
Sun Pharmaceutical Industries, Inc	Agarwal	Avtansh	Director, Business Analytics and Reporting
Sun Pharmaceutical Industries, Inc	Anderson	Susan	Director, Marketing
Sun Pharmaceutical Industries, Inc	Bogie	Terence	Director, Intellectual Property
Sun Pharmaceutical Industries, Inc	Chue	Karin	Director, Operations
Sun Pharmaceutical Industries, Inc	Da Costa	Adilson	Director, Dermatology Clinical Development
Sun Pharmaceutical Industries, Inc	Day	Shaun	Director, Compliance
Sun Pharmaceutical Industries, Inc	Deshpande	Ajay	Director, IT
Sun Pharmaceutical Industries, Inc	Devakadaksham	Praveenkumar	Director, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Dobkowski	John	Director, Accounting
Sun Pharmaceutical Industries, Inc	Gite	Anil	Director, Business Development and Portfolio Management
Sun Pharmaceutical Industries, Inc	Habeeb	Lindsay	Director, Medical Dermatology
Sun Pharmaceutical Industries, Inc	Huq	Nazish	Director, Clinical Operations
Sun Pharmaceutical Industries, Inc	James	Jason	Director, Professional Relations
Sun Pharmaceutical Industries, Inc	Katz	Gregory	Director, Supply Chain
Sun Pharmaceutical Industries, Inc	Khaselev	Nona	Director, GRA-CMC Bio
Sun Pharmaceutical Industries, Inc	Laki Jr.	Paul	Director, Medicare/Medicaid/FR East
Sun Pharmaceutical Industries, Inc	Mor	Divay	Director, Payer Marketing and Operations
Sun Pharmaceutical Industries, Inc	Padbidri	Geeta	Director, Market Insights and Analytics
Sun Pharmaceutical Industries, Inc	Pant	Himanshu	Director, Business Solutions
Sun Pharmaceutical Industries, Inc	Parhi	Rashmi	Director, SAP Financials
Sun Pharmaceutical Industries, Inc	Parks	Andrew	Director, Professional Relations
Sun Pharmaceutical Industries, Inc	Parrish	Marie	Director, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Perilli	Susan	Director, Finance
Sun Pharmaceutical Industries, Inc	Petkun	James	Director, Corporate Counsel
Sun Pharmaceutical Industries, Inc	Qadry	Syed	Director, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Ranck	Seth	Strategic Account Director
Sun Pharmaceutical Industries, Inc	Satija	Parveen	Director, IT Supply Chain Logistics
Sun Pharmaceutical Industries, Inc	Singer	Jennifer	Director, Digital Marketing
Sun Pharmaceutical Industries, Inc	Tadapaneni	Gopichand	Director, Business Intelligence
Sun Pharmaceutical Industries, Inc	Valentine	Bruce	Director, PBMs- Market Access
Sun Pharmaceutical Industries, Inc	Vargas	Ramon	Site Head- Quality
Sun Pharmaceutical Industries, Inc	Vashisht	Ajay	Director, Accounts Payable
Sun Pharmaceutical Industries, Inc	Yang	Fan	Director, Corporate Counsel Transactions
Sun Pharmaceutical Industries, Inc	Zachesky	William	Director, Institutional Access
Sun Pharmaceutical Industries, Inc	Erdogdu	Melissa	Associate Director, Legal
Sun Pharmaceutical Industries, Inc	Holmes	David	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Prescott-Elrington	Aileen	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Teeter	Amanda	Manager, Health Policy and Reimbursement
Sun Pharmaceutical Industries, Inc	Sriram	Srinivasan	Associate Director, Head of Project Management for Commercial Brands, NA
Sun Pharmaceutical Industries, Inc	Danh-Huang	Tien	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Kelly	Michelle	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Ong	Christine	Director, Head of Field Medical Affairs Dermatology and Biologics
Sun Pharmaceutical Industries, Inc	Scholl	Jennifer	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Westberg	Benjamin	Regional Business Director
Sun Pharmaceutical Industries, Inc	Aboud	Daniel	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Arvai	Colleen	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Bachert	Robert	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Bailey	Valerie	Regional Sales Director
Sun Pharmaceutical Industries, Inc	Barrett	Stacie	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Bell	Norman	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Blake	William	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Bleil	Lisa	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Bond	Mark	Field Reimbursement Manager

Sun Pharmaceutical Industries, Inc	Brock	Christopher	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Brown	Ryan	Associate Director, Professional Relations
Sun Pharmaceutical Industries, Inc	Cabreja	Patricia	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Christenson	Clark	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Clay	Randy	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Crittenden	Sean	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Denlinger	Britt	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Dougan	Michael	Institutional Access Executive
Sun Pharmaceutical Industries, Inc	Excell	Stephen	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Fay	William	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Fleenor	Melissa	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Fussenegger	Charles	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Gamache	Colleen	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Garrett	Bryan	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Gawaluck	Richard	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Gerhardt	Linda	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Gibson	Lisa	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Gizzi	Stephen	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Halbach	Mark	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Hawkins	Todd	Interim, Regional Institutional Lead
Sun Pharmaceutical Industries, Inc	Hines	Michael	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Hissam	Christine	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Hotchkiss	Ryan	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Huff	Paul	Associate Director, Professional Relations
Sun Pharmaceutical Industries, Inc	Ikeda	Daniel	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Jackson	Derrick	Manager, Professional Relations
Sun Pharmaceutical Industries, Inc	Jakes	Carole	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Jenkins	Richard	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Johnson	Alanna	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Jones	Kristopher	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Kemp	Micah	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Leister	Chad	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Long	Jeffrey	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Lopez	Carlos	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Lopez	Jill	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Love	Damon	Associate Director, Field Clinical Science Liaison
Sun Pharmaceutical Industries, Inc	Low	Robin	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Lowry	Amy	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Marano	Ralph	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Mareske	David	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Martinez	Lorena	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	McKee	Christopher	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	McRorie	Fred	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Mee	Vicki	Regional Business Director
Sun Pharmaceutical Industries, Inc	Mendez	Michael	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Milne	Brandon	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Morgus	Michael	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Muehlstein	Aaron	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Mullet	Ryan	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Nelson	Kassi	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Novak	Diana	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Nur	Tricia	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	O'Brien	April	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	O'Rourke	Jeffrey	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Parker	Michael	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Patel	Dhiren	Regional Business Director
Sun Pharmaceutical Industries, Inc	Portelli	Edward	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Proch	Alexia	National Accounts Executive, Retail
Sun Pharmaceutical Industries, Inc	Rider	Jenna	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Scialabba	Steven	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Shepard	Tyler	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Silkman	Joelle	Institutional Access Executive
Sun Pharmaceutical Industries, Inc	Smith	Elizabeth	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Sorochinsky	Amy	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Sorrell	Sean	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Tarver	Melvin	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Thomas	Michael	Regional Business Director
Sun Pharmaceutical Industries, Inc	Tompkins	Robin	Associate Director, Field Reimbursement, Analytics and Training
Sun Pharmaceutical Industries, Inc	Trahan	Patricia	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Trudel	Crystal	Field Reimbursement Manager

Sun Pharmaceutical Industries, Inc	Turner	Cara	Institutional Access Executive
Sun Pharmaceutical Industries, Inc	Turner	Tracey	Associate Strategic Market Director
Sun Pharmaceutical Industries, Inc	Veydt	Laura	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Vyas	Arti	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Welch	Joseph	Senior Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Wiggins	Jo	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Wilson	David	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Wimberly	Osborne	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Woods	Erica	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Woodward	Tamara	Field Reimbursement Manager
Sun Pharmaceutical Industries, Inc	Skaggs	Steven	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Albanese	Aimee	Associate Director, Cluster Quality Support
Sun Pharmaceutical Industries, Inc	Anabwani	Selina	Associate Director, Healthcare Counsel
Sun Pharmaceutical Industries, Inc	Arora	Rajesh kumar	Associate Director, Business Finance
Sun Pharmaceutical Industries, Inc	Bavishi	Jayantkumar	Associate Director, Global Procurement
Sun Pharmaceutical Industries, Inc	Bueno	Natalia	Associate Director, Pricing and Contracts
Sun Pharmaceutical Industries, Inc	Castillo	Nolan	Associate Director, Marketing
Sun Pharmaceutical Industries, Inc	Crane	Michael	Associate Director, Biostatistics
Sun Pharmaceutical Industries, Inc	Dereka	Jennifer	Associate Director, Intellectual Property
Sun Pharmaceutical Industries, Inc	Devlin	John	Associate Director, Marketing
Sun Pharmaceutical Industries, Inc	Duggal	Deepa	Associate Director, Corporate Quality IT Systems
Sun Pharmaceutical Industries, Inc	Dunning	John	Regional Business Director
Sun Pharmaceutical Industries, Inc	Fajnor	Charles	Associate Director, Payer Market Access
Sun Pharmaceutical Industries, Inc	Franklin	Kevin	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Goel	Hitesh	Associate Director, Program Manager
Sun Pharmaceutical Industries, Inc	Gould	Theresa	Regional Sales Manager
Sun Pharmaceutical Industries, Inc	Hamann	Carolyn	Associate Director, Regional Business
Sun Pharmaceutical Industries, Inc	Harjani	Kamal	Associate Director, Global Procurement
Sun Pharmaceutical Industries, Inc	Hart	Patricia	Associate Director, Talent Acquisition
Sun Pharmaceutical Industries, Inc	Johnson	Colette	Associate Director, Sales Training
Sun Pharmaceutical Industries, Inc	Kenedy	Christine	Associate Director, Intellectual Property
Sun Pharmaceutical Industries, Inc	Kozar	Christopher	Associate Director, Program Management
Sun Pharmaceutical Industries, Inc	Loch	John	Associate Director, Commercial Field Training
Sun Pharmaceutical Industries, Inc	Patel	Jessica	Associate Director, Long Term care
Sun Pharmaceutical Industries, Inc	Patel	Vishal	Associate Director, Pricing and Contracts
Sun Pharmaceutical Industries, Inc	Pellecchia	Jenna	Associate Director, Legal
Sun Pharmaceutical Industries, Inc	Qu	Hua	Associate Director, Corporate Legal Counsel
Sun Pharmaceutical Industries, Inc	Robinson	Fredrick	National Accounts Executive, Retail
Sun Pharmaceutical Industries, Inc	Rogy	Sonya	Associate Director, Global Procurement
Sun Pharmaceutical Industries, Inc	Salem	Aya	Associate Director, Corporate Counsel
Sun Pharmaceutical Industries, Inc	Schultz	William	Associate Director, Sales Operations
Sun Pharmaceutical Industries, Inc	Shah	Nirav	Associate Director, Medical Affairs
Sun Pharmaceutical Industries, Inc	Sheeri	Ram	Associate Director, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Tenney	Marie-Diane	Associate Director, Total Rewards and Performance Management
Sun Pharmaceutical Industries, Inc	Weiner	Sveta	Associate Director, Biostatistics
Sun Pharmaceutical Industries, Inc	Hassell	Alan	Associate Director, Regulatory Affairs
Sun Pharmaceutical Industries, Inc	Cargill	Paul	Senior Manager, Quality Control Chemistry
Sun Pharmaceutical Industries, Inc	Fields	Melissa	Senior Manager, Production
Sun Pharmaceutical Industries, Inc	Malomo	Samuel	Senior Manager, Clinical Research Associate
Sun Pharmaceutical Industries, Inc	Skukla	Dhara	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Bhatt	Aarohi	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Brocato	Jason	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	DelGiodice	Michael	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Griffin	Shelia	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Javier	Diane	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Kara	Uche	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Kuo	Jane	Senior Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Lako	Jaymie	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Lijfrock	Virgil	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Lowe II	Brian	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Macmillan	Megan	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Mangan	Richard	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Ngute	Franklin	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Serrano-Bahri	Daled	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Turner	Leland	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Urbieta	Maitee	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Uvwo	Oshevire	Medical Science Liaison
Sun Pharmaceutical Industries, Inc	Hogeland	Kenneth	Senior Manager, Analytical Development
Sun Pharmaceutical Industries, Inc	Koja	Reem	Senior Manager, Training and Development
Sun Pharmaceutical Industries, Inc	Madrigal	Eleodoro	Senior Manager, Process Development

Sun Pharmaceutical Industries, Inc	Ott	Theodore	Senior Architect, IT Infrastructure
Sun Pharmaceutical Industries, Inc	Padovano	Kathy	Senior Manager, Human Resources
Sun Pharmaceutical Industries, Inc	Palkhiwala	Rinesh	Senior Manager, Materials and Planning
Sun Pharmaceutical Industries, Inc	Parmar	Harleen	Senior Brand Manager, Biologics Market
Sun Pharmaceutical Industries, Inc	Scott	John	Senior Manager, Project Manager Office
Sun Pharmaceutical Industries, Inc	Aly-Kamel	Mariam	Senior Manager, Pricing Strategy
Sun Pharmaceutical Industries, Inc	Czysz	Robert	Senior Manager, Accounting
Sun Pharmaceutical Industries, Inc	Espiritu	Emil	Senior Manager, Finance
Sun Pharmaceutical Industries, Inc	Gandhi	Riddhi	Senior Manager, Clinical Operations
Sun Pharmaceutical Industries, Inc	Gross	Ilse	Senior Manager, Clinical Research
Sun Pharmaceutical Industries, Inc	Hodges	Sean	Senior Manager, Ophthalmology
Sun Pharmaceutical Industries, Inc	Scozzari	Glenn	Senior Manager, Sales Training
Sun Pharmaceutical Industries, Inc	Seshan	Srinivasan	Senior Manager, Accounting
Sun Pharmaceutical Industries, Inc	Shah	Kaushal	Senior Manager, Corporate Quality Assurance-Americas
Sun Pharmaceutical Industries, Inc	Stormes	Christian	Senior Program Manager
Sun Pharmaceutical Industries, Inc	Perez	Luis	Senior Manager, IT
Sun Pharmaceutical Industries, Inc	Gibson	Kelley	Supervisor, Inspection and Packaging
Sun Pharmaceutical Industries, Inc	Kanoongo	Sulabh	Senior Manager, Finance
Sun Pharmaceutical Industries, Inc	Khillan	Sonia	Chemistry Supervisor, Quality Control
Sun Pharmaceutical Industries, Inc	Lavoie	Lisa	Principal Analytical Development
Sun Pharmaceutical Industries, Inc	Alathurai	Surendran	Senior Manager, IT Network and Security
Sun Pharmaceutical Industries, Inc	Buck	Patrick	Manager, Environmental Health Services
Sun Pharmaceutical Industries, Inc	Kebede	Mindaye	Manager, Quality Assurance
Sun Pharmaceutical Industries, Inc	Reddy	Manoja	Senior Manager, Accounting
Sun Pharmaceutical Industries, Inc	Virgil-Fawcett	Lizette	Manager, Accounts Payable
Sun Pharmaceutical Industries, Inc	Churney	Holly	Senior Manager, Product Management
Sun Pharmaceutical Industries, Inc	Gibson	Michael	Senior Manager, Quality Systems
Sun Pharmaceutical Industries, Inc	Greene	Tanya Lee	Senior Manager, Sales Operations
Sun Pharmaceutical Industries, Inc	Hartz	Michael	Senior Manager, Sales Operations
Sun Pharmaceutical Industries, Inc	Hodgson	Kristin	Senior Manager, Training
Sun Pharmaceutical Industries, Inc	Mehta	Vipul	Senior Manager, Project Management
Sun Pharmaceutical Industries, Inc	Novak	Kevin	Senior Manager, Finance and Commercial Brands
Sun Pharmaceutical Industries, Inc	Palmer-Grant	Charlene	Senior Manager, Auditing and Monitoring
Sun Pharmaceutical Industries, Inc	Patel	Jigneshkumar	Senior Manager, Procurement
Sun Pharmaceutical Industries, Inc	Patten	Stephen	Senior Manager, Print and Graphics
Sun Pharmaceutical Industries, Inc	Raghavendra	Krishnamurthy	Senior Manager, USCIT
Sun Pharmaceutical Industries, Inc	Shah	Sonali	Senior Manager, Sales Operations
Sun Pharmaceutical Industries, Inc	Sheng	Jiancong	Senior Manager, Communication Analyst and IC
Sun Pharmaceutical Industries, Inc	Stiles	Don-marc	Manager, IT, DC/Operations
Sun Pharmaceutical Industries, Inc	Venkataramanan	Srinivasan	Senior Manager, USCIT
Sun Pharmaceutical Industries, Inc	Walton	Adam	Senior Manager, Supply Chain

CMO's manufacture Sun Pharmaceutical Industries, Inc.'s product and packages finished product. At no time does CMO's own the product, contract with Sun Pharmaceutical Industries, Inc.'s customers, invoice, nor sell a Sun Pharmaceutical Industries, Inc. product. Sun Pharmaceutical Industries, Inc.'s products are Controlled Substances.

Labeler Code: ~~57644~~ 57664 per Krist Jones 5/10/21

Third Party Logistic information:

For distribution into the commercial supply channels, Taro Pharmaceuticals USA, Inc. and Corporate Mailings, Inc. acts as Sun Pharmaceutical Industries, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Sun Pharmaceutical Industries, Inc.'s product to Pharmacies, Wholesalers, Mail Order, Retailers and Distributors throughout the United States. Taro Pharmaceuticals USA, Inc. and Corporate Mailings, Inc.'s address is:

Taro Pharmaceuticals USA, Inc. and Corporate Mailings, Inc.
Taro: 1 Commerce Drive, Cranbury, NJ 08512
Corporate Mailings, Inc., 54 Indian Lane East, Towaco, NJ 07082

Sun Pharmaceutical Industries, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday, closed on Saturday and Sunday.

53489	Sun Pharmaceutical Industries Inc.
54907	Sun Pharmaceutical Industries Limited
10631	Sun Pharmaceutical Industries, Inc.
14508	Sun Pharmaceutical Industries, Inc.
45567	Sun Pharmaceutical Industries, Inc.
47335	Sun Pharmaceutical Industries, Inc.
49708	Sun Pharmaceutical Industries, Inc.
57664	Sun Pharmaceutical Industries, Inc.
62756	Sun Pharmaceutical Industries, Inc.
63304	Sun Pharmaceutical Industries, Inc.

Mark I. Sedar

From: Krista Jones <krista.jones@twolabs.com>
Sent: Tuesday, August 10, 2021 3:02 PM
To: Mark I. Sedar
Subject: RE: Wholesale Application - Sun Pharma TIME SENSITIVE REQUEST

Yes, that appears to be a misprint. It should be 57664.

Thanks!

Krista Jones
Senior Licensing Analyst
PharmaLicense

TwoLabs
PHARMA SERVICES

210 Victorian Drive | Commercial Point, OH | 43116
mobile 614.620.6898 | **fax** 866.259.4324
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From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Tuesday, August 10, 2021 5:58 PM
To: Krista Jones <krista.jones@twolabs.com>
Subject: RE: Wholesale Application - Sun Pharma TIME SENSITIVE REQUEST

Krista, please see the attached document that was with the application. It notes that the labeler code is 57644 which is not listed. I'm wondering if the number was mistyped?

Mark Sedar
COO
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.

National Drug Code Directory

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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
+ Amitriptyline Hydrochloride	57664-689-88	50 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-689	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-690-88	100 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-690	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-691-88	150 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-691	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-692-88	75 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-692	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-687-88	10 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-687	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-688-18	25 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-688	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-689-18	50 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-689	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-687-18	10 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-687	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-688-88	25 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-688	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-772-83	5 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-772	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-772-99	5 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-772	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-773-83	10 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-773	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-773-99	10 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-773	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-774-83	5 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-774	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
+ Amlodipine and Olmesartan Medoxomil	57664-774-99	5 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-774	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-775-83	10 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-775	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-775-99	10 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-775	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amphetamine Sulfate	57664-062-88	5 mg/1	TABLET	ORAL	ANDA214574	Sun Pharmaceutical Industries, Inc.	57664-062	Amphetamine Sulfate	AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	01/27/2021	N/A
+ Amphetamine Sulfate	57664-075-88	10 mg/1	TABLET	ORAL	ANDA214574	Sun Pharmaceutical Industries, Inc.	57664-075	Amphetamine Sulfate	AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	01/27/2021	N/A
+ Carvedilol Phosphate	57664-665-83	40 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA090132	Sun Pharmaceutical Industries, Inc.	57664-665	Carvedilol Phosphate	CARVEDILOL PHOSPHATE	HUMAN PRESCRIPTION DRUG	11/08/2017	N/A
+ Carvedilol Phosphate	57664-663-83	10 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA090132	Sun Pharmaceutical Industries, Inc.	57664-663	Carvedilol Phosphate	CARVEDILOL PHOSPHATE	HUMAN PRESCRIPTION DRUG	11/08/2017	N/A
+ Carvedilol Phosphate	57664-664-83	20 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA090132	Sun Pharmaceutical Industries, Inc.	57664-664	Carvedilol Phosphate	CARVEDILOL PHOSPHATE	HUMAN PRESCRIPTION DRUG	11/08/2017	N/A
+ Carvedilol Phosphate	57664-666-83	80 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA090132	Sun Pharmaceutical Industries, Inc.	57664-666	Carvedilol Phosphate	CARVEDILOL PHOSPHATE	HUMAN PRESCRIPTION DRUG	11/08/2017	N/A
+ Chlorthalidone	57664-648-88	25 mg/1	TABLET	ORAL	ANDA089286	Sun Pharmaceutical Industries, Inc.	57664-648	Chlorthalidone	CHLORTHALIDONE	HUMAN PRESCRIPTION DRUG	02/12/2016	N/A
+ Chlorthalidone	57664-649-88	50 mg/1	TABLET	ORAL	ANDA089286	Sun Pharmaceutical Industries, Inc.	57664-649	Chlorthalidone	CHLORTHALIDONE	HUMAN PRESCRIPTION DRUG	02/12/2016	N/A
+ citalopram hydrobromide	57664-508-18	20 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-508	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-508-88	20 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-508	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-509-18	40 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-509	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-508-13	20 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-508	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-509-13	40 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-509	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-507-88	10 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-507	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-507-13	10 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-507	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-509-88	40 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-509	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ Clonazepam	57664-783-86	.125 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-783	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-785-88	.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-785	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
+ Clonazepam	57664-787-86	2 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-787	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-783-83	.125 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-783	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-784-86	.25 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-784	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-785-83	.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-785	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-787-88	2 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-787	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-784-83	.25 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-784	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-786-88	1 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-786	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-785-86	.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-785	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-787-83	2 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-787	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-786-83	1 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-786	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-783-88	.125 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-783	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-784-88	.25 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-784	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-786-86	1 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-786	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ CLOZAPINE	57664-211-88	200 mg/1	TABLET	ORAL	ANDA075713	Sun Pharmaceutical Industries, Inc.	57664-211	CLOZAPINE	CLOZAPINE	HUMAN PRESCRIPTION DRUG	02/10/2016	N/A
+ CLOZAPINE	57664-345-13	25 mg/1	TABLET	ORAL	ANDA075713	Sun Pharmaceutical Industries, Inc.	57664-345	CLOZAPINE	CLOZAPINE	HUMAN PRESCRIPTION DRUG	11/15/2002	N/A

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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
+ Amitriptyline Hydrochloride	57664-689-88	50 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-689	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-690-88	100 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-690	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-691-88	150 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-691	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-692-88	75 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-692	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-687-88	10 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-687	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-688-18	25 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-688	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-689-18	50 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-689	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-687-18	10 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-687	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amitriptyline Hydrochloride	57664-688-88	25 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-688	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/14/1987	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-772-83	5 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-772	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-772-99	5 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-772	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-773-83	10 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-773	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-773-99	10 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-773	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-774-83	5 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-774	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
+ Amlodipine and Olmesartan Medoxomil	57664-774-99	5 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-774	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-775-83	10 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-775	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amlodipine and Olmesartan Medoxomil	57664-775-99	10 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	NDA022100	Sun Pharmaceutical Industries, Inc.	57664-775	amlodipine besylate and olmesartan medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	10/26/2016	N/A
+ Amphetamine Sulfate	57664-062-88	5 mg/1	TABLET	ORAL	ANDA214574	Sun Pharmaceutical Industries, Inc.	57664-062	Amphetamine Sulfate	AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	01/27/2021	N/A
+ Amphetamine Sulfate	57664-075-88	10 mg/1	TABLET	ORAL	ANDA214574	Sun Pharmaceutical Industries, Inc.	57664-075	Amphetamine Sulfate	AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	01/27/2021	N/A
+ Carvedilol Phosphate	57664-665-83	40 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA090132	Sun Pharmaceutical Industries, Inc.	57664-665	Carvedilol Phosphate	CARVEDILOL PHOSPHATE	HUMAN PRESCRIPTION DRUG	11/08/2017	N/A
+ Carvedilol Phosphate	57664-663-83	10 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA090132	Sun Pharmaceutical Industries, Inc.	57664-663	Carvedilol Phosphate	CARVEDILOL PHOSPHATE	HUMAN PRESCRIPTION DRUG	11/08/2017	N/A
+ Carvedilol Phosphate	57664-664-83	20 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA090132	Sun Pharmaceutical Industries, Inc.	57664-664	Carvedilol Phosphate	CARVEDILOL PHOSPHATE	HUMAN PRESCRIPTION DRUG	11/08/2017	N/A
+ Carvedilol Phosphate	57664-666-83	80 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA090132	Sun Pharmaceutical Industries, Inc.	57664-666	Carvedilol Phosphate	CARVEDILOL PHOSPHATE	HUMAN PRESCRIPTION DRUG	11/08/2017	N/A
+ Chlorthalidone	57664-648-88	25 mg/1	TABLET	ORAL	ANDA089286	Sun Pharmaceutical Industries, Inc.	57664-648	Chlorthalidone	CHLORTHALIDONE	HUMAN PRESCRIPTION DRUG	02/12/2016	N/A
+ Chlorthalidone	57664-649-88	50 mg/1	TABLET	ORAL	ANDA089286	Sun Pharmaceutical Industries, Inc.	57664-649	Chlorthalidone	CHLORTHALIDONE	HUMAN PRESCRIPTION DRUG	02/12/2016	N/A
+ citalopram hydrobromide	57664-508-18	20 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-508	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-508-88	20 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-508	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-509-18	40 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-509	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-508-13	20 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-508	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-509-13	40 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-509	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-507-88	10 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-507	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-507-13	10 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-507	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ citalopram hydrobromide	57664-509-88	40 mg/1	TABLET	ORAL	ANDA077032	Sun Pharmaceutical Industries, Inc.	57664-509	citalopram hydrobromide	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	05/29/2015	N/A
+ Clonazepam	57664-783-86	.125 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-783	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-785-88	.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-785	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
+ Clonazepam	57664-787-86	2 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-787	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-783-83	.125 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-783	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-784-86	.25 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-784	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-785-83	.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-785	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-787-88	2 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-787	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-784-83	.25 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-784	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-786-88	1 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-786	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-785-86	.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-785	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-787-83	2 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-787	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-786-83	1 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-786	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-783-88	.125 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-783	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-784-88	.25 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-784	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ Clonazepam	57664-786-86	1 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA078654	Sun Pharmaceutical Industries, Inc.	57664-786	Clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG	03/29/2017	N/A
+ CLOZAPINE	57664-211-88	200 mg/1	TABLET	ORAL	ANDA075713	Sun Pharmaceutical Industries, Inc.	57664-211	CLOZAPINE	CLOZAPINE	HUMAN PRESCRIPTION DRUG	02/10/2018	N/A
+ CLOZAPINE	57664-345-13	25 mg/1	TABLET	ORAL	ANDA075713	Sun Pharmaceutical Industries, Inc.	57664-345	CLOZAPINE	CLOZAPINE	HUMAN PRESCRIPTION DRUG	11/15/2002	N/A

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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
Absorica	10631-118-31	40 mg/1	CAPSULE	ORAL	NDA021951	Sun Pharmaceutical Industries, Inc.	10631-118	isotretinoin	ISOTRETINOIN	HUMAN PRESCRIPTI DRUG
Absorica	10631-115-31	10 mg/1	CAPSULE	ORAL	NDA021951	Sun Pharmaceutical Industries, Inc.	10631-115	isotretinoin	ISOTRETINOIN	HUMAN PRESCRIPTI DRUG
Absorica	10631-116-31	20 mg/1	CAPSULE	ORAL	NDA021951	Sun Pharmaceutical Industries, Inc.	10631-116	isotretinoin	ISOTRETINOIN	HUMAN PRESCRIPTI DRUG
Absorica	10631-117-31	30 mg/1	CAPSULE	ORAL	NDA021951	Sun Pharmaceutical Industries, Inc.	10631-117	isotretinoin	ISOTRETINOIN	HUMAN PRESCRIPTI DRUG
Absorica	10631-133-31	25 mg/1	CAPSULE	ORAL	NDA021951	Sun Pharmaceutical Industries, Inc.	10631-133	isotretinoin	ISOTRETINOIN	HUMAN PRESCRIPTI DRUG
Absorica	10631-134-31	35 mg/1	CAPSULE	ORAL	NDA021951	Sun Pharmaceutical Industries, Inc.	10631-134	isotretinoin	ISOTRETINOIN	HUMAN PRESCRIPTI DRUG
Absorica LD	10631-003-31	16 mg/1	CAPSULE	ORAL	NDA211913	Sun Pharmaceutical Industries, Inc.	10631-003	isotretinoin	ISOTRETINOIN	HUMAN PRESCRIPTI DRUG
Absorica LD	10631-005-31	24 mg/1	CAPSULE	ORAL	NDA211913	Sun Pharmaceutical Industries, Inc.	10631-005	isotretinoin	ISOTRETINOIN	HUMAN PRESCRIPTI DRUG
Absorica LD	10631-002-31	8 mg/1	CAPSULE	ORAL	NDA211913	Sun Pharmaceutical Industries, Inc.	10631-002	isotretinoin	ISOTRETINOIN	HUMAN PRESCRIPTI DRUG
Absorica LD	10631-007-31	32 mg/1	CAPSULE	ORAL	NDA211913	Sun Pharmaceutical Industries, Inc.	10631-007	isotretinoin	ISOTRETINOIN	HUMAN PRESCRIPTI DRUG
Acetaminophen and Codeine Phosphate	63304-562-05	30 mg/1, 300 mg/1	TABLET	ORAL	ANDA085868	Sun Pharmaceutical Industries, Inc.	63304-562	Acetaminophen and Codeine Phosphate	CODEINE PHOSPHATE; ACETAMINOPHEN	HUMAN PRESCRIPTI DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Acetaminophen and Codeine Phosphate	63304-561-01	60 mg/1, 300 mg/1	TABLET	ORAL	ANDA087083	Sun Pharmaceutical Industries, Inc.	63304-561	Acetaminophen and Codeine Phosphate	CODEINE PHOSPHATE; ACETAMINOPHEN	HUMAN PRESCRIPTI DRUG
Acetaminophen and Codeine Phosphate	63304-562-10	30 mg/1, 300 mg/1	TABLET	ORAL	ANDA085868	Sun Pharmaceutical Industries, Inc.	63304-562	Acetaminophen and Codeine Phosphate	CODEINE PHOSPHATE; ACETAMINOPHEN	HUMAN PRESCRIPTI DRUG
albuterol sulfate	53489-177-05	4 mg/1	TABLET	ORAL	ANDA072637	Sun Pharmaceutical Industries, Inc.	53489-177	albuterol sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTI DRUG
albuterol sulfate	53489-177-03	4 mg/1	TABLET	ORAL	ANDA072637	Sun Pharmaceutical Industries, Inc.	53489-177	albuterol sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTI DRUG
albuterol sulfate	53489-176-10	2 mg/1	TABLET	ORAL	ANDA072637	Sun Pharmaceutical Industries, Inc.	53489-176	albuterol sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTI DRUG
albuterol sulfate	53489-176-02	2 mg/1	TABLET	ORAL	ANDA072637	Sun Pharmaceutical Industries, Inc.	53489-176	albuterol sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTI DRUG
albuterol sulfate	53489-177-01	4 mg/1	TABLET	ORAL	ANDA072637	Sun Pharmaceutical Industries, Inc.	53489-177	albuterol sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTI DRUG
Alfuzosin Hydrochloride	47335-956-18	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA079057	Sun Pharmaceutical Industries, Inc.	47335-956	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTI DRUG
Alfuzosin Hydrochloride	47335-956-83	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA079057	Sun Pharmaceutical Industries, Inc.	47335-956	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTI DRUG
Allopurinol	53489-156-01	100 mg/1	TABLET	ORAL	ANDA071450	Sun Pharmaceutical Industries, Inc.	53489-156	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTI DRUG
Allopurinol	53489-157-10	300 mg/1	TABLET	ORAL	ANDA071450	Sun Pharmaceutical Industries, Inc.	53489-157	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTI DRUG
Allopurinol	53489-157-01	300 mg/1	TABLET	ORAL	ANDA071450	Sun Pharmaceutical Industries, Inc.	53489-157	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTI DRUG
Allopurinol	53489-157-02	300 mg/1	TABLET	ORAL	ANDA071450	Sun Pharmaceutical Industries, Inc.	53489-157	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTI DRUG
Allopurinol	53489-156-02	100 mg/1	TABLET	ORAL	ANDA071450	Sun Pharmaceutical Industries, Inc.	53489-156	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTI DRUG
Allopurinol	53489-156-10	100 mg/1	TABLET	ORAL	ANDA071450	Sun Pharmaceutical Industries, Inc.	53489-156	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTI DRUG
Allopurinol	53489-156-05	100 mg/1	TABLET	ORAL	ANDA071450	Sun Pharmaceutical Industries, Inc.	53489-156	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTI DRUG
ambrisentan	47335-236-64	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210784	Sun Pharmaceutical Industries, Inc.	47335-236	ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTI DRUG
ambrisentan	47335-236-66	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210784	Sun Pharmaceutical Industries, Inc.	47335-236	ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTI DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Typ Name
ambrisentan	47335-236-83	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210784	Sun Pharmaceutical Industries, Inc.	47335-236	ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTI DRUG
ambrisentan	47335-236-85	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210784	Sun Pharmaceutical Industries, Inc.	47335-236	ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTI DRUG
ambrisentan	47335-237-64	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210784	Sun Pharmaceutical Industries, Inc.	47335-237	ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTI DRUG
ambrisentan	47335-237-66	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210784	Sun Pharmaceutical Industries, Inc.	47335-237	ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTI DRUG
ambrisentan	47335-237-83	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210784	Sun Pharmaceutical Industries, Inc.	47335-237	ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTI DRUG
ambrisentan	47335-237-85	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210784	Sun Pharmaceutical Industries, Inc.	47335-237	ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTI DRUG
Amitriptyline Hydrochloride	57664-689-88	50 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-689	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTI DRUG
Amitriptyline Hydrochloride	57664-690-88	100 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-690	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTI DRUG
Amitriptyline Hydrochloride	57664-691-88	150 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-691	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTI DRUG
Amitriptyline Hydrochloride	57664-692-88	75 mg/1	TABLET, FILM COATED	ORAL	ANDA089399	Sun Pharmaceutical Industries, Inc.	57664-692	Amitriptyline Hydrochloride	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTI DRUG
Amphetamine Sulfate	57664-062-88	5 mg/1	TABLET	ORAL	ANDA214574	Sun Pharmaceutical Industries, Inc.	57664-062	Amphetamine Sulfate	AMPHETAMINE SULFATE	HUMAN PRESCRIPTI DRUG
Amphetamine Sulfate	57664-075-88	10 mg/1	TABLET	ORAL	ANDA214574	Sun Pharmaceutical Industries, Inc.	57664-075	Amphetamine Sulfate	AMPHETAMINE SULFATE	HUMAN PRESCRIPTI DRUG
Atorvastatin Calcium	63304-828-90	20 mg/1	TABLET, FILM COATED	ORAL	ANDA076477	Sun Pharmaceutical Industries Inc.	63304-828	Atorvastatin Calcium	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTI DRUG
Atorvastatin Calcium	63304-829-05	40 mg/1	TABLET, FILM COATED	ORAL	ANDA076477	Sun Pharmaceutical Industries Inc.	63304-829	Atorvastatin Calcium	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTI DRUG
Atorvastatin Calcium	63304-828-05	20 mg/1	TABLET, FILM COATED	ORAL	ANDA076477	Sun Pharmaceutical Industries Inc.	63304-828	Atorvastatin Calcium	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTI DRUG
Atorvastatin Calcium	63304-827-05	10 mg/1	TABLET, FILM COATED	ORAL	ANDA076477	Sun Pharmaceutical Industries Inc.	63304-827	Atorvastatin Calcium	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTI DRUG
Bactrim DS	49708-146-01	800 mg/1; 160 mg/1	TABLET	ORAL	NDA017377	Sun Pharmaceutical Industries, Inc	49708-146	sulfamethoxazole and Trimethoprim	SULFAMETHOXAZOLE; TRIMETHOPRIM	HUMAN PRESCRIPTI DRUG
bicalutamide	47335-485-08	50 mg/1	TABLET, FILM COATED	ORAL	ANDA079110	Sun Pharmaceutical Industries, Inc.	47335-485	bicalutamide	BICALUTAMIDE	HUMAN PRESCRIPTI DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
bicalutamide	47335-485-88	50 mg/1	TABLET, FILM COATED	ORAL	ANDA079110	Sun Pharmaceutical Industries, Inc.	47335-485	bicalutamide	BICALUTAMIDE	HUMAN PRESCRIPTI DRUG
bicalutamide	47335-485-18	50 mg/1	TABLET, FILM COATED	ORAL	ANDA079110	Sun Pharmaceutical Industries, Inc.	47335-485	bicalutamide	BICALUTAMIDE	HUMAN PRESCRIPTI DRUG
bicalutamide	47335-485-83	50 mg/1	TABLET, FILM COATED	ORAL	ANDA079110	Sun Pharmaceutical Industries, Inc.	47335-485	bicalutamide	BICALUTAMIDE	HUMAN PRESCRIPTI DRUG

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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

DARYL LESUEUR

[redacted] Waters Edge, Congers, NY 10920, [redacted]

VICE-PRESIDENT OF PHARMACEUTICAL PRODUCTION/OPERATIONS

Highly progressive and results-driven Global Pharmaceutical Manufacturing Executive with significant years of proven leadership and success developing and implementing operational initiatives to reduce production costs, increase profitability and operational efficiencies. Demonstrated ability to identify and analyze complex production issues while creating innovative and effective solutions. Expedited process re-engineering and automated manufacturing processes to gain competitive advantage. Dynamic communicator with strong expertise in developing productive management teams that are cross-functional, complemented with an empowered, motivated work force capable of meeting and exceeding quality and cost initiatives to drive results.

AREAS OF EXPERTISE

- **Production Start-Up/Reorganization/ Integration**
- **Process Mapping/Re-Engineering/ Work Standardization**
- **Staff Development and Management**
- **Cross Functional and Interdepartmental Coordination & Leadership**
- **Product Transfers**
- **Complex Capital/Quality Improvement Project LEAN/Kaizen Implementation**
- **Strategic Research, Planning and Implementation of Manufacturing Systems**
- **Manufacturing Executable System (MES)**
- **MRPII and SAP Upgrades**
- **Automating Manufacturing Processes**
- **FDA/EMA Regulations/Inspections**

CAREER HIGHLIGHTS

- Successful build-out and on-time startup and staffing of new aseptic processing and manufacturing facility to support cell therapy product development, Phase 1 – Phase 3 clinical trial material, fill and finish operations, and commercial product manufacturing.
- Reduced operational costs by $40 million in 16 months by spearheading the development and implementation of LEAN Manufacturing to decrease inventory, work in process (WIP) and cycle time.
- Directed a two-year, $3.8 million Automated Electronic Batch Record (Manufacturing Executable System or MES) Project for all solid dosage forms, eliminating paper batch records, reducing human error by 10%, reducing operational costs by $1.2 million, and increasing regulatory compliance.
- Directed and implemented a $1.1 million high-speed press project that addressed capacity issues for coated tablet production. This increased production capacity and generated additional annual sales of $80 million.
- Orchestrated integration of all activities pertaining to transfer of 30 products within 14 months (4 months ahead of schedule) to new facility, including design, construction and start-up.
- Initiated the development and design of a $4 million Clean Zone Project for solid dosage forms. With international regulatory approval product is distributed from the U.S. to Europe.
- Introduced and instituted an integrated, high-speed sample bottle line (500 bottles per minute) project for Novartis physician sample portfolio to keep up with the growth of the sales force.
- Diminished "Change-Over Times" within Manufacturing and Packaging Departments by 35% through process mapping, re-engineering and work standardization.
- Recipient of the Business Excellence Award for the Inventory Control Project.
- Created a new and innovative compensation program to implement team-based work groups. This resulted in increased skill flexibility of the work force.
- Developed and implemented a Process Improvement Program (PIP) to substantially increase product yields, first-time quality and Operational Asset Efficiency (OAE) by increased training of staff resulting in improved customer satisfaction.

DARYL LESUEUR

[redacted]Waters Edge, Congers, NY 10920, [redacted]

PROFESSIONAL EXPERIENCE

Sun Pharma / Taro Pharmaceuticals
VICE PRESIDENT, HEAD OF OPERATIONS NORTH AMERICA (Cranbury, NJ) August 2017 – Present
VICE PRESIDENT, BRAMPTON SITE HEAD (Toronto, Ontario) April 2014 – August 2017

- Executive leading the strategy, planning, implementation, and day-to-day execution of the operations teams across all North American sites, including Sun Pharma Cranbury, Ohm Labs, Pharmalucence, and DUSA. Also responsible for providing strategic leadership and tactical support for the Brampton manufacturing facility through August 2017. Develops strategic plans and budgets for all site operations. Evaluates existing capacities and provides input for product allocation decisions and ensures successful commercial introduction of newly approved products. Ensures manufacturing efficiencies. Responsible for overall site performance and conformance to objectives.

Progenitor Cell Therapy, Allendale, NJ 2009 – 2014
VICE PRESIDENT OF MANUFACTURING OPERATIONS

- Direct and manage the Operations Teams in two facilities, Allendale, NJ and Mountain View, CA. These facilities operate as Contract Development and Manufacturing Organizations to support client-based Phase 1 – Phase 3 Cell Therapy products, with commercial manufacturing capability. In the Biopharmaceutical sector, Progenitor supports $13 million in sales. 7 Direct Reports with 45 Indirect Reports.

Barr/TEVA Pharmaceuticals, Inc., Pomona, NY 2006 to 2009
VICE PRESIDENT AND GENERAL MANAGER OF NY/NJ OPERATIONS

- Direct and manage the Production Operations Teams in multiple facilities, Pomona, NY, East Hanover, NJ and Northvale, NJ. These facilities support Barr's generic product portfolio in a range of drug delivery systems. The output of these facilities supports annual sales of $2.6 Billion. 5 Direct Reports and 386 Indirect Reports.

Barr Pharmaceuticals, Inc., Duramed. Cincinnati, Ohio 2004 to 2006
VICE PRESIDENT OF OPERATIONS

- Direct the Production Operations Team in the Ohio Facility, the Proprietary subsidiary of Barr Pharmaceuticals. This facility supports Barr's $400 Million Oral Contraceptive Franchise, including high-potency product manufacturing. Responsible for leading the Production Management Team to produce Quality products in compliance with all regulatory requirements to meet customer demand. 6 Direct Reports and 270 Indirect Reports.

Novartis Pharmaceutical Corp., Suffern, NY 1997 to 2004
VICE PRESIDENT OF PHARMACEUTICAL PRODUCTION, 2000 to 2004

- Direct the North American Production Operations across multiple locations for this $6.5 Billion Fortune 500 Pharmaceutical Research and Manufacturing Company, specializing in Solid Dosage, Chemical (API) Production, Semi-Solid and Transdermal Systems (TTS). Successfully manage all Pharmaceutical Production, working with an operating budget of $70 million, and a capital budget of $16 million. 6 Direct Reports and 250 Indirect Reports.

DIRECTOR OF PHARMACEUTICAL PRODUCTION, 1997 to 2000

- Responsible for a $35 million manufacturing operations budget with $6 million in capital for all solid dosage forms at Suffern, NY facility. Prepared and implemented cost controls to meet budget parameters and solicited approvals of capital appropriation requests (CARs) to improve and optimize production processes. Recruited, hired, trained and evaluated all production staff; 6 Direct Reports and 122 indirect reports. Company representative for all FDA inspections, responsible for instituting corrective actions when necessary.

Sandoz Pharmaceutical Corp., East Hanover, NJ 1984 to 1997
ASSOCIATE DIRECTOR OF PHARMACEUTICAL PRODUCTION, 1995 to 1997

- Maintained overall responsibility for manufacturing tablets, capsules, ampoules, multi-dose vials, and suppositories, including the management of departmental activities for 80 associates. Monitored pharmaceutical production to ensure quality standards and compliance with regulatory requirements. Reviewed manufacturing process master sheets; developed and oversaw $25 million budget. Evaluated new equipment and technologies for production applications.

DARYL LESUEUR

[redacted]Waters Edge, Congers, NY 10920,[redacted]

PROFESSIONAL EXPERIENCE CONTINUED

MANAGER OF PHARMACEUTICAL PRODUCTION, 1994 to 1995

- Managed all facets of encapsulation, tableting, coating / syrup and branding production. Supervised maintenance and assisted in troubleshooting on product and equipment issues. Generated accurate and timely reports on all activities and procedures, ensuring adherence to Federal and OSHA regulations.

MANAGER, 2ND SHIFT, OF PHARMACEUTICAL PRODUCTION, 1993 to 1994
PACKAGING PRODUCTION SUPERVISOR, 1989 to 1993
PACKAGING DEVELOPMENT ENGINEER, 1987 to 1989
ANALYTICAL CHEMIST, QUALITY ASSURANCE, 1984 to 1987

EDUCATION • PROFESSIONAL DEVELOPMENT

- State University of New York at Plattsburgh, Plattsburgh, New York
  Bachelor Chemistry 1983
- Harvard Business School 2000-2002
  Leadership Program, Finance Program, Management Program
- Additional Professional Development: INEOA Controlled Substance Seminar; FDA Inspection Strategy/Systems Inspection/21 CFR Part 11;Project Management, Ergonomics Training, Visual Factory Management Training, Wilson Learning Social Styles, LEAN Manufacturing Education
- American Red Cross Certified CPR, AED and First Aid Responder

PROFESSIONAL AFFILIATIONS

- Nyack Hospital Foundation, Board of Directors, Director 2001- 2004
- Pharmaceutical Research and Manufacturers Association (PhRMA), Member 2000 - 2007
  - Drug Product Technical Group (DPTG), Committee, Member 2000 - 2006
- American Association of Pharmaceutical Scientists (AAPS), Member 1993 - 2001
- Parenteral Drug Association (PDA), Member 1993 - 2004
- Institute of Packaging Professionals (IOPP), Member 1989 – 2004
- International Society of Pharmaceutical Engineering (ISPE), Member since 1997

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Sun Pharmaceutical Industries, Inc.

Physical Address 1 Commerce Drive, Suite B.

City Cranbury State NJ Zip 08512

Mailing Address (if different from physical address) Ohm, a Sun Pharma Company, 14 Terminal Road

City New Brunswick State NJ Zip 08901

Telephone 609-819-8200 Website www.sunpharma.com

Licensing Company Email daryl.lesueur@sunpharma.com

Section 2: Personal Information

First Daryl Middle Crawford Last LeSueur

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Commerce Drive Suite B.

City Cranbury State NJ Zip 08512

Telephone [redacted] Email daryl.lesueur@sunpharma.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials DW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
SUNY Plattsburgh			1981 - 1983	
Address		City	State	Zip
101 Broad Street		Plattsburgh	NY	12901
Diploma/Degree obtained, if any				
Bachelor's Degree, Chemistry				
School Name			From - To (MM/YY – MM/YY)	
Centennial Regional High School			1975 - 1979	
Address		City	State	Zip
880 Hudson Street		Greenfield Park	Quebec	J4V1H1
Diploma/Degree obtained, if any				
Secondary V High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/06 - Present	[redacted] Waters Edge	Congers	NY	10920
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Sun Pharma			04/2014 - Present
Business Address	**City**	**State**	**Zip**
1 Commerce Drive, Suite B.	Cranbury	NJ	08512
Phone	**Title**	**Number of Employed Hours**	
609-819-8200	VP, Head of Operations, North America	63,013 hours	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

21-JUN-2021
Date

Applicant's initials

I, Daryl LeSueur, **certify that as the designated representative for**

Sun Pharmaceutical Industries, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Daryl LeSueur

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

21-JUN-2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daryl LeSueur
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

21-JUN-2021
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Middlesex

I, Daryl Le Sueur, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

21-JUN-2021
Date

Subscribed and Sworn to before me this 21st day of June, 2021.

Lisa A. Woodford
Notary Public Signature

LISA A. WOODFORD
NOTARY PUBLIC OF NEW JERSEY
Commission # 50142421
My Commission Expires 11/2/2025

(Seal)

Applicant's initials _____

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. 0797367

Application/License No. _____

Sun Pharmaceutical Industries, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1 Commerce Drive, Unit B, Cranbury, NJ 08512 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a 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 (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 June 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 15th day of June, 2021.

APPLICANT/PRINCIPAL

Sun Pharmaceutical Industries, Inc.

Authorized Representative

SURETY COMPANY

Harco National 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 Krystal Karnes

Witness Marie Lett

Countersigned by:

N/A

Nevada Resident Agent

N/A

POWER OF ATTORNEY

Bond # 0797367

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

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 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.

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079910 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, June 15, 2021.

A00795

Irene Martins, Assistant Secretary

June 24, 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 Sun Pharmaceutical Industries, Inc., attached is Sun Pharmaceutical Industries, Inc. application for Wholesale Distributor License.

Sun Pharmaceutical Industries, Inc. is a "Virtual Manufacturer" whose products are manufactured by contract manufacturers 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 Sun Pharmaceutical Industries, Inc. Sun's product is a controlled substance. Accordingly, Sun Pharmaceutical Industries Inc., is not required to obtain a DEA registration since they are a Virtual Manufacturer.

I hope this narrative is helpful as you review Sun Pharmaceutical Industries, Inc. application. If you have a question regarding this application, please contact me at (614) 620-6898 or via email at krista.jones@twolabs.com. Please also address all written communication to me. My address is 210 Victorian Drive, Commercial Point, Ohio, 43116.

Thank you in advance for your consideration.

Krista Jones
Licensing Analyst
PharmaLicense

4Y

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: ZyVet Animal Health Inc.

Physical Address: 73B Route 31 N.

City: Pennington State: NJ Zip: 08534

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 609-998-3800 Website: http://zyvetusa.com

Name of Designated Representative (DR): Richard D. Hogg

Licensing Company Email: rhogg@zydususa.com DR Email: rhogg@zydususa.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☐ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☒ Veterinary Legend Pharmaceuticals
☒ Others: Distributors, Repackagers and Veterinarians	☐ Others:

Section 2: History of Company	Yes	No
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)?		✔
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?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 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?		✔
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)?		✔

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

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 5: Non-Publicly Traded Corporation

State of Incorporation: New Jersey

Parent Company (if any): Zydus Pharmaceuticals (USA) Inc.

Corporation Name: ZyVet Animal Health Inc.

Mailing Address: 73B Route 31 N.

City: Pennington State: NJ Zip: 08534

Telephone: 609-998-3800 Email: rhogg@zydususa.com

Contact Person Name: Richard D. Hogg

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment B		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment C		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **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**. See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ See Attachment E		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A - Corporate owned		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** N/A	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

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.

Richard D. Hogg
Print Name of Authorized Person Submitting Application

Richard D. Hogg
Original signature of Authorized Person (copies or stamps not accepted)

8-24-21
Date

Board Use Only	Date Received: _____	Amount: 500 check # 1114

✓ processed 8/27/21

Attachment A

Nature of Business and FDA Registration

ZyVet Animal Health Inc. (ZyVet) is an Animal Health company involved in sales and distribution of veterinary pharmaceutical products. ZyVet's product will be Dexmedetomidine Hydrochloride. ZyVet will not handle product at its office. A contract manufacturer will be used to produce its product and a third party logistics provider will be used to ship. Provided below is the contact information for the contract manufacturer and third part logistics provider. In addition, enclosed is proof of FDA registration.

Contract Manufacturer:

Parnell Manufacturing Pty Ltd.
Unit 4 Century Estate
476 Gardeners Road
Alexandria, NSW, 2015, Australia

Third Party Logistics Provider:

Eversana Life Science Services, LLC
4580 Mendenhall Road
Memphis, TN 38141

Subject: FW: NDC Labeler Code for Animal Drug - Assignment Notification - ZyVet Animal Health Inc.

From: SPL <SPL@fda.hhs.gov>
Date: March 10, 2020 at 5:21:53 PM GMT+5:30
To: "Srinivas Gurram (Srini)" <gsrinivas@zydususa.com>
Subject: NDC Labeler Code for Animal Drug - Assignment Notification - ZyVet Animal Health Inc.

Greetings,

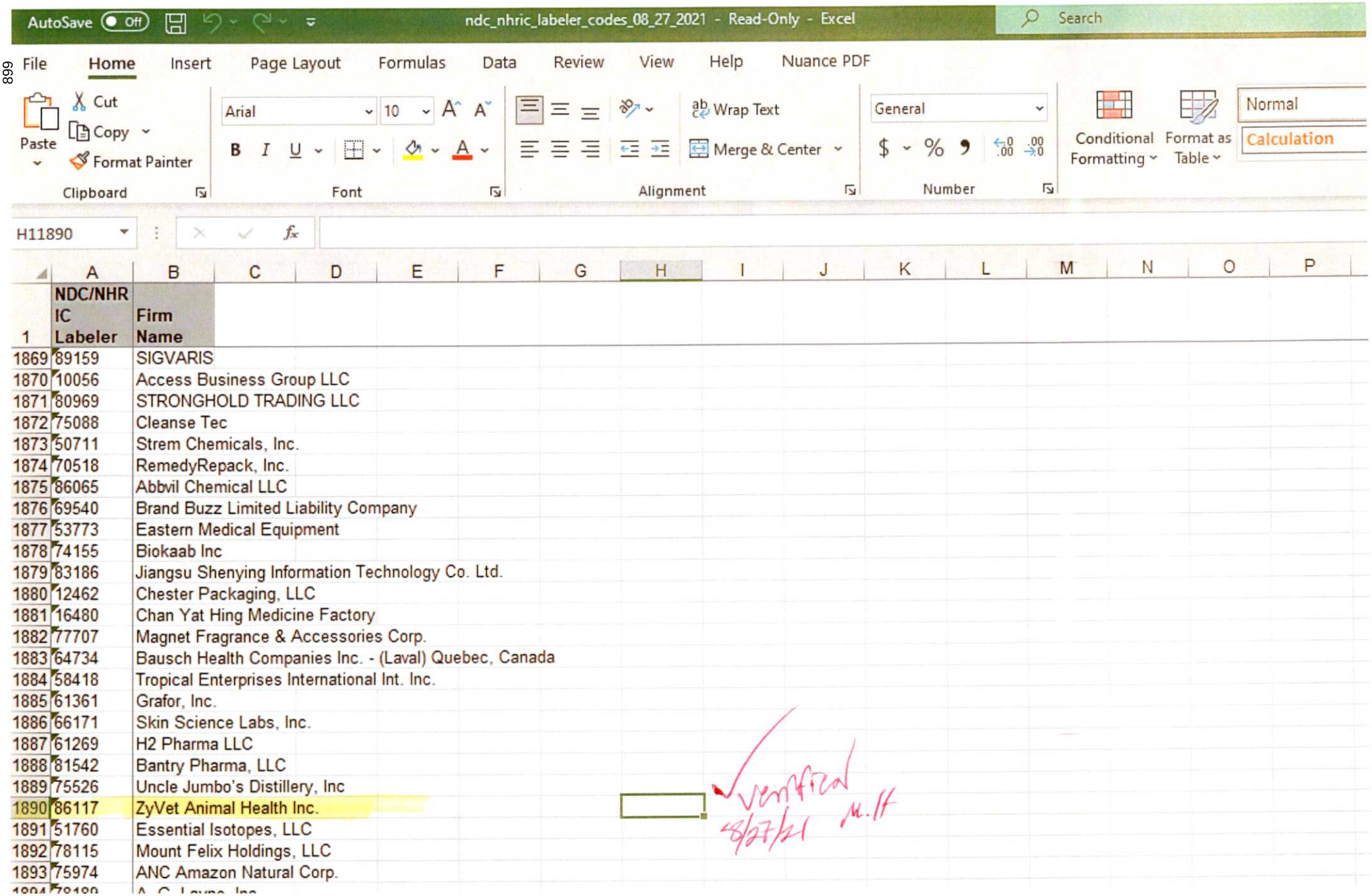
Your request for an NDC labeler code has been granted:

Labeler name: ZyVet Animal Health Inc.
Labeler code: 86117

Please update your NDC Labeler Code – Animal Drug SPL file to include this newly assigned code and resubmit via the FDA Gateway.

Lonnie Smith
Policy Analyst
Structured Product Labeling Team
Food and Drug Administration

Notice: This communication, including attachments, may contain information that is confidential and protected by the attorney/client or other privileges. It constitutes non-public information intended to be conveyed only to the designated recipient(s). If the reader or recipient of this communication is not the intended recipient or you believe that you have received this communication in error, please notify the sender immediately by return e-mail and promptly delete this e-mail, including attachments without reading or saving them in any manner. The unauthorized use, dissemination, distribution, or reproduction of this e-mail, including attachments, is prohibited and may be unlawful. Receipt by anyone other than the intended recipient(s) is not a waiver of any attorney/client or other privilege.



AutoSave Off | ndc_nhric_labeler_codes_08_27_2021 - Read-Only - Excel | Search

File Home Insert Page Layout Formulas Data Review View Help Nuance PDF

Cut Copy Format Painter Paste | Clipboard | Arial 10 | Font | Wrap Text Merge & Center | Alignment | General | Number | Conditional Formatting Format as Table | Normal Calculation

H11890

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	NDC/NHRIC Labeler	Firm Name														
1869	89159	SIGVARIS														
1870	10056	Access Business Group LLC														
1871	80969	STRONGHOLD TRADING LLC														
1872	75088	Cleanse Tec														
1873	50711	Strem Chemicals, Inc.														
1874	70518	RemedyRepack, Inc.														
1875	86065	Abbvil Chemical LLC														
1876	69540	Brand Buzz Limited Liability Company														
1877	53773	Eastern Medical Equipment														
1878	74155	Biokaab Inc														
1879	83186	Jiangsu Shenying Information Technology Co. Ltd.														
1880	12462	Chester Packaging, LLC														
1881	16480	Chan Yat Hing Medicine Factory														
1882	77707	Magnet Fragrance & Accessories Corp.														
1883	64734	Bausch Health Companies Inc. - (Laval) Quebec, Canada														
1884	58418	Tropical Enterprises International Int. Inc.														
1885	61361	Grafor, Inc.														
1886	66171	Skin Science Labs, Inc.														
1887	61269	H2 Pharma LLC														
1888	81542	Bantry Pharma, LLC														
1889	75526	Uncle Jumbo's Distillery, Inc														
1890	86117	ZyVet Animal Health Inc.														
1891	51760	Essential Isotopes, LLC														
1892	78115	Mount Felix Holdings, LLC														
1893	75974	ANC Amazon Natural Corp.														

Verified 8/27/21 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. 13BSBIS4479

Application/License No. _____

Zyvet Animal Health Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 73B Route 31 N, Pennington, NJ 08534 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a 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 06155 (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 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 15, 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.

13BSBIS4479

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of August, 2021.

APPLICANT/PRINCIPAL

Zyvet Animal Health Inc

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Savita Atwal, Attorney-in-
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

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: LINK INSURANCE SERVICES
Agency Code: 13-651708

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Savita Atwal
of Lake Mary, Florida,
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. 13BSBIS4479
Naming Zyvet Animal Health 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, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, 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
My Commission HH 122280
Expires June 20, 2025

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 August 10, 2021.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

Attachment C

Corporate Officer and Director Information

ZyVet Animal Health Inc.
73B Route 31 N.
Pennington, NJ 08534
Parent Company: Zydus Pharmaceuticals (USA) Inc.

Corporate Officers:

Joseph Renner
President

Ravi Yadavar
VP and Treasurer

Crystal Fisher
VP, General Counsel and Compliance Officer

Board of Directors:

Ms. Dharmishtaben Raval
Dr. Mahendra R. Patel
Joseph D. Renner

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0745075

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

73B ROUTE 31 N PENNINGTON, NJ 08534-

Reg. No.
5005995

ZYVET ANIMAL HEALTH INC.
73B ROUTE 31 N
PENNINGTON, NJ 08534-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

Registration Number: 5005995 **Registered as:** Manufacturer and Wholesale Print Verification Certificate

Name: ZYVET ANIMAL HEALTH INC.

DBA:

Address: 73B ROUTE 31 N, PENNINGTON, NJ 08534

Original Issue Date: 09/10/2021 **Expiration Date: 01/31/2022**

Current Issue Date: 09/10/2021

Disciplines: No

Attachment D

New Jersey Certificate of Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

ZYVET ANIMAL HEALTH INC.
0101051651

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 09, 2019.

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:

RAVI YADAVAR
73B ROUTE 31 NORTH
PENNINGTON, NJ 08534

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of June, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 2566782848

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

ZyVet Animal Health Inc. employee list

Employees:

Lauren Landolph
Director, Head of U.S. Animal Health

Richard Hogg
Director, Supply Chain & Business Insights

Corporate Officers:

Joseph Renner
President

Ravi Yadavar
VP and Treasurer

Crystal Fisher
VP, General Counsel and Compliance Officer

Attachment E

Designated Representative Form

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ZyVet Animal Health Inc.

Physical Address 73B Route 31 N.

City Pennington State NJ Zip 08534

Mailing Address (if different from physical address) Same as physical address.

City _____ State _____ Zip _____

Telephone 609-998-3800 Website http://zyvetusa.com

Licensing Company Email rhogg@zydususa.com

Section 2: Personal Information

First Richard Middle Donley Last Hogg

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Route 31 N.

City Pennington State NJ Zip 08534

Telephone [redacted] Email rhogg@zydususa.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
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?	N/A	

Applicant's initials RH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Pennsylvania State University		08/89 - 05/93	
Address	City	State	Zip
Office of the Univ. Registrar, 112 Shields Bldg.	University Park	PA	16802
Diploma/Degree obtained, if any			
BS in Business Logistics			

School Name		From - To (MM/YY – MM/YY)	
State College Area High School		09/85 - 06/89	
Address	City	State	Zip
650 Westerly Parkway	State College	PA	16801
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/03 - present	[redacted] Lahawa Drive	Downingtown	PA	19335
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RZ

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
ZyVet Animal Health Inc.			3/20 - present	
Business Address		City	State	Zip
73B Route 31 N.		Pennington	NJ	08534
Phone	Title		Number of Employed Hours	
609-998-3800	Director, Supply Chain & Business Insights		1520	
Description of Duties				
Supporting U.S. animal health pre-commercial strategy, portfolio management and supply chain planning.				

Business Name			From - To (MM/YY – MM/YY)	
AmerisourceBergen			4/17 - 3/20	
Business Address		City	State	Zip
1300 Morris Dr.		Chesterbrook	PA	19087
Phone	Title		Number of Employed Hours	
610-727-7000	Director, Animal Health Product Portflio		5640	
Description of Duties				
Responsible for the generic pharmaceuticals category for AmerisourceBergen's MWI Animal Health subsidiary, including all sourcing, buyside margin, and sell pricing decisions. The role also includes involvement with private label growth initiatives, strategic inventory projects, and driving category strategy to support the overall business.				

Business Name			From - To (MM/YY – MM/YY)	
AmerisourceBergen			7/16 - 4/17	
Business Address		City	State	Zip
1300 Morris Dr.		Chesterbrook	PA	19087
Phone	Title		Number of Employed Hours	
610-727-7000	Director, Business Insights & Sales Analytics		1400	
Description of Duties				
Tasked with leading significant organizational change efforts and maintaining service-levels with reduced headcount. Managed a six-person sales analytics team to increase proactive insight, consolidate reporting, and improve accuracy; drove metrics/KPI support for a new inside sales team and an expanding tele-sales team.				

Business Name			From - To (MM/YY – MM/YY)	
AmerisourceBergen			11/14 - 7/16	
Business Address		City	State	Zip
1300 Morris Dr.		Chesterbrook	PA	19087
Phone	Title		Number of Employed Hours	
610-727-7000	Director, Pricing Analytics		3040	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials RH

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials RR

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I, Richard D. Hogg, **certify that as the designated representative for** ZyVet Animal Health Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Richard D. Hogg

Print Name (First, Last)

Richard D. Hogg

Original Signature (electronic, copies or stamps not accepted)

8-24-21

Date

Applicant's initials RDH

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.

Richard D. Hogg

Print Name (First, Last)

Richard D Hogg — 8-24-21

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of _____

I, Richard Hogg, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Richard D Hogg — 8-4-21

Original Signature — **Date**

Subscribed and Sworn to before me this 4th day of Aug, 2021

Notary Public Signature

PRADEEP R. SHAH
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES NOV. 10, 2024

(Seal)

Applicant's initials RH

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☐ New Wholesaler or ☑ Ownership Change (Provide current license number if making changes: WH 00832
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Akorn Operating Company LLC, dba Akorn, Inc.

Physical Address: 5605 Centerpoint Court, Suite B

City: Gurnee State: IL Zip Code: 60031

Telephone Number: 847-625-9387 Fax Number: 847-574-5917

Toll Free Number: 800-932-5676

E-mail: tim.boland@akorn.com Website: www.akorn.com

Facility Manager: Timothy Boland

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Hypodermic Devices
☑ Veterinary Legend Drugs
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☑ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: 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.

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

Joseph Bonaccorsi
Print Name of Authorized Person

12/11/2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Akorn Intermediate Company LLC

Mailing Address: 1925 West Field Court, Suite 300

City: Lake Forest State: IL Zip: 60045

Telephone: 847-279-6103 Fax: 847-574-5917

Contact Person: Sara Ames

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. 100 Common Units

3) What was the price paid per share? _____

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AKORN OPERATING COMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AKORN OPERATING COMPANY LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

3578387 8300

SR# 20210813194

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

Authentication: 202661756

Date: 03-05-21

DOMICILE STATE LICENSE - AKORN

Akorn, Inc., a Louisiana corporation, recently transferred its assets to Akorn Operating Company LLC, a Delaware limited liability company, d/b/a Akorn, Inc. Akorn has reported this change and filed the required forms with the Illinois Board of Pharmacy. Once the Illinois Board of Pharmacy License reflecting this change has been issued, Akorn will update this application to provide the new Illinois license information.

Maria Herrera

From: Kelly McGinnis <KMcGinnis@Polsinelli.com>
Sent: Thursday, April 15, 2021 7:29 AM
To: Maria Herrera
Subject: RE: Akorn Operating Company - Status of Wholesaler Applications
Attachments: Akorn Operating Company LLC - Delaware Good Standing 3.5.21-c.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Maria,

Please find attached Akorn Operating Company's DE good standing certificate. If you need a more recent copy or different documentation, please let us know.

Please also let me know if you need anything else or if the applications are now complete.

Thank you,

Kelly McGinnis
Associate

kmcginnis@polsinelli.com
O - 312.463.6216
C - 407.595.8033
150 N. Riverside Plaza, Suite 3000
Chicago, IL 60606
polsinelli.com

Polsinelli PC, Polsinelli LLP in California

From: Kelly McGinnis
Sent: Wednesday, April 14, 2021 3:50 PM
To: 'Maria Herrera' <m.herrera@pharmacy.nv.gov>
Subject: RE: Akorn Operating Company - Status of Wholesaler Applications

Maria,

Please find attached correspondence from the Illinois Board of Pharmacy permitting Akorn's continued operations. The IL BOP is not able to conduct an on-site inspection until COVID is over and therefore won't be issuing new license until after COVID. As a result, the IL BOP is permitting Akorn to continue operate under current approvals.

We will order new good standing certificates and I should have those over to you soon. Please let me know if you need anything else.

Thank you,

April Polikoff

From: Usman, Abir F. <Abir.F.Usman@Illinois.gov>
Sent: Monday, December 28, 2020 12:03 PM
To: April Polikoff
Cc: Sara Ames; Charles Andrews
Subject: Re: Chemical Analysis Application Information

**** EXTERNAL EMAIL: This email originated from outside of Akorn. Do not click links or open attachments unless you recognize the sender email address and know the content is safe. ****

April,

Thanks for providing the management agreement. Go ahead and renew the Decatur license as well. That is actually assigned to another investigator and it is a similar situation where the inspection won't be done before the end of the year and we don't want you to operate without being licensed.

Mrs. Abir F. Usman
Administrative Assistant for Drug Compliance
IDFPR - Division of Professional Regulation
9511 Harrison St. Suite LL50
Des Plaines, IL 60016
847-294-4918
847-294-4904/05 (fax)

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

From: April Polikoff <April.Polikoff@akorn.com>
Sent: Monday, December 28, 2020 10:56 AM
To: Usman, Abir F. <Abir.F.Usman@Illinois.gov>; Bocian, Charlie <Charlie.Bocian@Illinois.gov>
Cc: Sara Ames <sara.ames@akorn.com>; Charles Andrews <charles.andrews@akorn.com>
Subject: [External] RE: Chemical Analysis Application Information

Understood. We do actually have a management agreement set up between old co and new co (attached). We will go ahead and have the existing license renewed for the Gurnee location and will await Mr. Bocian's direction on the Decatur locations.

Kind regards,

April Polikoff | Senior Counsel | **Akorn**
C 516.203.2725 | F 631.881.9402 | april.polikoff@akorn.com
369 Bayview Ave | Amityville, NY 11701 | akorn.com

ADVANCING THE NEW VISION

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Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
AKORN INC	Gurnee, IL 60031	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004001071	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	12/14/1998	12/29/2020	12/31/2022	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004000369	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	10/15/1993	12/29/2020	12/31/2022	Y
004000403	LICENSED WHOLESALE DRUG DISTRIBUTOR	NOT RENEWED	10/26/1993	10/26/1993	12/31/1998	N

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License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004000408	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	01/13/1994	12/29/2020	12/31/2022	Y
004004990	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	04/28/2021	04/28/2021	12/31/2022	N
004004991	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	04/28/2021	04/28/2021	12/31/2022	N
30*****10	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II IV)	CHANGE OF OWNERSHIP	10/29/1993	01/06/2021	12/31/2022	N
30*****24	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II IV)	CHANGE OF OWNERSHIP	04/06/1994	01/06/2021	12/31/2022	N
30*****70	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	04/28/2021	04/28/2021	12/31/2022	N
30*****71	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	04/28/2021	04/28/2021	12/31/2022	N

Generated on: 8/9/2021 3:14:56 PM

April Polikoff

From: Bocian, Charlie <Charlie.Bocian@Illinois.gov>
Sent: Monday, December 28, 2020 11:46 AM
To: Tim Boland
Cc: Sara Ames; April Polikoff; Jack McKinney; Parikh, Aarti
Subject: Re: Akorn Operating Company Change of Address

**** EXTERNAL EMAIL: This email originated from outside of Akorn. Do not click links or open attachments unless you recognize the sender email address and know the content is safe. ****

Tim,

Please renew the current Gurnee license for the upcoming year.

There are many moving parts with the Decatur location that we would like to figure out first.

Thanks,
Charlie Bocian

From: Tim Boland <Tim.Boland@akorn.com>
Sent: Wednesday, December 23, 2020 3:34 PM
To: Bocian, Charlie <Charlie.Bocian@Illinois.gov>
Cc: Sara Ames <sara.ames@akorn.com>; April Polikoff <April.Polikoff@akorn.com>; Jack McKinney <Jack.McKinney@akorn.com>; Parikh, Aarti <Aarti.Parikh@illinois.gov>
Subject: [External] RE: Akorn Operating Company Change of Address

Hello Charlie,

Below is a link to the Akorn product catalog.

https://www.akorn.com/products.php#products-section-2

Thank you,

Tim Boland | Manager, Distribution

P 847.625.9387 ext 6189 | C 224.406.0687 | Tim.Boland@akorn.com
5605 Centerpoint Court, Suite A | Gurnee, IL 60031 | akorn.com

Akorn Pharmaceuticals | A specialty pharmaceutical company

This communication is for the sole use of the intended recipient and may contain private, confidential and/or privileged information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you have received this transmission in error, please notify the sender or Akorn immediately and delete the message and all copies and attachments

From: Bocian, Charlie [mailto:Charlie.Bocian@Illinois.gov]
Sent: Wednesday, December 23, 2020 2:24 PM
To: Tim Boland <Tim.Boland@akorn.com>
Cc: Sara Ames <sara.ames@akorn.com>; April Polikoff <April.Polikoff@akorn.com>; Jack McKinney <Jack.McKinney@akorn.com>; Parikh, Aarti <Aarti.Parikh@illinois.gov>
Subject: Re: Akorn Operating Company Change of Address

Timothy Boland

[redacted]20th AVE, Kenosha, WI 53143, [redacted]

EXPERIENCE:

Distribution Supervisor – Akorn Pharmaceuticals April 2017 - Present

- Manage multiple areas within Gurnee Distribution Center, assuring productivity, efficiency and safety.
- Assisted with the design and application of Gurnee Distribution Center Metrics.
- Contributed to the reemergence of the Gurnee Distribution Center Safety Team meeting and the design of the All Employee Safety Meeting.
- Restructured commodity ordering within the Distribution Center to remove excess ordering and eliminate redundant supplies.
- Coordinate building maintenance with vendors and supply management team with updates on building projects.
- Ensure employees remain compliant in safety procedures and guidelines.

Public Warehouse Supervisor - Hospira/Pfizer Inc. January 2015 – April 2017

- Managed daily operation of thirty public warehouse network shipping in excess of 500M pounds of freight.
- Managed GMP, Safety, Training and Customer Service for diverse 3PL logistics providers.
- Completed internal monthly operational reviews achieving a goal of 98.7% compliance ocross network. A 75% reduction in Quality Observations was accomplished.
- Project Manager for implementation of digital temperature monitoring programs at all thirty public warehouses.
- Enhanced the method in which truck load carriers were filling detention claims. There were 66% fewer invoices handled and a reductian in the trucklaad detention dallars invoiced by 78%.
- Provided support ta aperation metrics and onalytics, on a monthly basis.

Supervisor Dispatch/Planning Operations – Haspira/CPC Logistics June 2012 – January 2015

- Managed dispatcher and planner tasks while maximizing team productivity and campany profitability.
- Performed emplayee Annual and Semi-Annual Pertormance Reviews.
- Built and maintained new relationships with Third Porty Logistic vendors that saved in excess of $100,000.
- Monitared potentiol risks and ather significant matters that required immediate salutians.
- Established and maintained work priorities to meet daily demands.
- Conducted daily "pulse check" meetings ta insure employee tasks were being accomplished.

Freight Planner/Dispatcher – CPC Logistics – On behalf of Haspira January 2007 – June 2012

- Managed drivers schedule and routing on a daily basis.
- Determined customer optimized routing for 40 over the road trucks.
- Coordinated the mavement af freight between Distribution Centers ond customer throughout the country.
- Maximize the usage af campany trucks to improve productivity.
- Solved daily issues of locating back haul freight to keep empty miles law.

Warehouse Servicer – Abbott Labaratories July 2002 – January 2007

- Maintained 99.9% inventory accuracy aver two years af temperature sensitive products in Refrigeration Department.
- Served as a backup to Graup Leader in his absence.
- Designated Refrigerated Department Trainer far new employees.
- Perform daily inventary on all refrigerated products ta assure accuracy.
- Scheduled inbound truckloads for refrigeration department.
- Maintained the commodities for refrigeration orea (gel bricks, coalers, ond labels).
- Responsible for averseeing Bill of Lading process for all truck laads for refrigerated product.
- Experience warking in Controlled Drug Area, Refrigeration, Export, and Inventory Contral.
- Certified and experienced forklift operatar.

EDUCATION:

Southern New Hampshire University (In Process)

- Bachelar of Science – Operations Management June 2015 - Present (Expected Graduation 2020)

TRAINING

Attended "How to Excel in Managing and Supervising People"

Course given by SkillPath Training – May 2013

ICAO/IATA Shipping Dangerous Goods

Course given by TMGI – Octaber 2017

SKILLS:

- Highly Organized and Detail Focused
- Pharmaceutical experience in regards to GMP, inventory control, Quality and Regulatory requirements
- Windaws and Micrasoft Office

References Available Upon Request

Attachment Page #2

Top 4 Suppliers for Hi-Tech Pharmacal Co., Inc.

1. AmerisourceBergen Health Corporation
   1300 Morris Drive, Chesterbrook, PA 19087

2. Cardinal Health, Inc.
   7000 Cardinal Place, Dublin, OH 43017

3. McKesson Drug Company
   One Post Street, San Francisco, CA 94104

4. CVS Caremark Corporation
   Mutiple locations
   One CVS Drive, Supplier
   Woonsocket RI 02895

ATTACHMENT FOR PAGE 5, #1

a.) Canyon Capital Advisors LLC and its affiliates
2000 Avenue of the Stars
11th Floor
Los Angeles, CA 90067

b.) Credit Suisse Asset Management, LLC and its affiliates
153 East 53rd Street
New York, NY 10022

c.) Nut Tree Capital Management, LP and its affiliates
55 Hudson Yards
22nd Floor
New York, NY 10001

d.) Stonehill Capital Management LLC and its affiliates
320 Park Avenue
26th Floor
New York, NY 10022

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NABP ACCREDITED
DRUG DISTRIBUTOR

Akorn, Inc

located at

5605 Centerpoint Ct, Ste B, Gurnee, IL 60031

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

12/17/2019 - 12/16/2022
Period of Accreditation

verified
M.H
1/20/21

AKORN OPERATING COMPANY LLC

a Delaware limited liability company

Incorporated on September 2, 2020

FEIN#: 85-2826184

Corporate Address: 1925 West Field Court
Suite 300
Lake Forest, IL 60045

List of officers

NAME	TITLE	ADDRESS	E-MAIL	BIRTHDATE	PHONE NUMBER	% OF OWNERSHIP
DOUGLAS BOOTHE	PRESIDENT	1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	DOUG.BOOTHE@AKORN.COM	[redacted]	(847) 279-6155	0
DUANE PORTWOOD	CFO	1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	DUANE.PORTWOOD@AKORN.COM	[redacted]	(847) 279-6150	0
JOSEPH BONACCORSI	SECRETARY	1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	JOE.BONACCORSI@AKORN.COM	[redacted]	(847) 279-6104	0

Akorn Operating Company LLC's sole manager and member is Akorn Intermediate Company LLC, a Delaware limited liability company

Akorn Operating Company LLC – Number of Shares/Stock Issued 100 Common Units

WH00832

List of Employees

First Name	Last Name
Jack	Mckinney
Monica	Aikins
John	Renner
Tim	Boland
Michelle	Lovely
Robin	McClure
Peter	Millar
Javier	Ramirez
Ricky	Silva
Olivia	Hernandez
Evelyn	Perdomo
Chris	Platt
Adelina	Alcantara
Maricela	Martinez
Ray	Benbenek
Monica	Moreno
Annjelenia	Dismukes
Juan	Sostre
Juan Carlos	Ruiz
Jose	Adame
Blanca	Munoz
Tina	Benavides
Jim	Lovell
Bonita	Sutton
Jose	Guzman
Maraia	Mendez
Chris	Xenos
Areil	Paz
Anthony	Lawless
Joseph	Kurian
Brian	Velasquez
Letica	Herrera
Eric	Williams
Maria	Basco
Gigie	Mutya
Paula	Miller
Janely	Melgoza
Rosa	Pena
Juan	Ardon
Grant	Karsten
Heidi	Kempin

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : PB00264800277

Dated effective: 1/11/2021
(MONTH, DAY, YEAR)

executed by: Akorn Operating Company LLC , **as Principal,**
(PRINCIPAL)

and by: Philadelphia Indemnity Insurance Company , **as Surety,**
(SURETY)

and 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 BELOW ADDRESSES:

150 S. Wyckles Road	Decatur	IL	62522
140 S. Wyckles Road	Decatur	IL	62522
5605 Centerpoint Court	Gurnee	IL	60031

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 9/8/2021
(MONTH, DAY, YEAR)

Signed and Sealed 9/8/2021
(MONTH, DAY, YEAR)

Akorn Operating Company LLC
PRINCIPAL

BY: _____
TITLE

Philadelphia Indemnity Insurance Company
SURETY

BY: _____
William T. Krumm, ATTORNEY-IN-FACT

SURETY ACKNOWLEDGMENT (ATTY-IN-FACT)

State of Illinois

County of Cook

I, Jodie Sellers, Notary Public, in the State of Illinois, do hereby certify that William T Krumm Attorney-in-Fact, of the **Philadelphia Indemnity Insurance Company** who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered said instrument, for and on behalf of the **Philadelphia Indemnity Insurance Company** for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Rolling Meadows in said County, this 8th day of September, 2021.

Notary Public Jodie Sellers

My Commission expires: 05/22/2022

JODIE SELLERS
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
May 22, 2022

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 **William T. Krumm, Harold G. Miller, Jr. and Jon A. Schroeder of Arthur J. Gallagher Risk Management Services, Inc.**, 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 SEALTO 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.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Morgan Knapp, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Sept. 25, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

(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 8th day of September, 20 21.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB00264800277

Application/License No. _____

Akorn Operating Company LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1925 W Field Court, Suite 300, Lake Forest, IL 60045 (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 19004-0950 (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 January 11, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 11th day of January, 2021.

APPLICANT/PRINCIPAL
Akorn Operating Company LLC

By: _____
Authorized Representative

SURETY COMPANY
Philadelphia Indemnity Insurance Company

By: _____
Surety Company's Representative

PHILADELPHIA INDEMNITY INSURANCE COMPANY CORPORATE SEAL 1927 PENNSYLVANIA

William T. Krumm, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Karen Socha

_____
Witness Sharon Foulk

Countersigned by:

N/A

Nevada Resident Agent

SURETY ACKNOWLEDGMENT (ATTY-IN-FACT)

State of Illinois

County of Cook

I, Jodie Sellers, Notary Public, do hereby certify that William T. Krumm Attorney-in-Fact, of the **Philadelphia Indemnity Insurance Company** who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered said instrument, for and on behalf of the **Philadelphia Indemnity Insurance Company** for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Rolling Meadows in said County, this 11th day of January , 2021 .

Notary Public Jodie Sellers

My Commission expires: 05/22/2021

JODIE SELLERS
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
May 22, 2021

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

Surety Bond Number: PB00264800277
Principal: Akorn Operating Company LLC
Obligee: Nevada State Board of Pharmacy

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint William T. Krumm its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $25,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO 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.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Morgan Knapp, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Sept. 25, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

(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 this Power of Attorney issued pursuant thereto on this 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 11th day of January, 2021.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

4AA

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

4

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: UPS Supply Chain Solutions, Inc.

Physical Address: 17825 Indian Street

City: Moreno Valley State: CA Zip: 92551

Mailing Address (if different from physical address): 211 Lake Dr, Suite F

City: Newark State: DE Zip: 19702

Telephone: 951-703-5257 Website: www.ups.com

Name of Designated Representative (DR): Marissa Aispuro

Licensing Company Email: ralicensing@ups.com DR Email: maispuro@ups.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☒ Veterinary Legend Pharmaceuticals
☐ Others: N/A	☐ Others: N/A

Section 2: History of Company	Yes	No
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)?		X
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?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	see attachment #1
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?		X
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)?		X

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Kaiser Permanente
Address: 393 E. Walnut Street City: Pasadena State: CA Zip: 91188
Name:
Address: City: N/A State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

AL 2 JUN 2021

Section 4: 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:

N/A AL 2 JUN 2021

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): United Parcel Service of America, Inc.
Corporation Name: UPS Supply Chain Solutions, Inc.
Mailing Address: 12380 Morris Rd.
City: Alpharetta State: GA Zip: 30005
Telephone: 678-746-4100 Email: tpage@ups.com
Contact Person Name: Thomas Page

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A AL 2 JUN 2021

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification — See attachment # 2		
2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. — See attachment #3		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration — N/A		
2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. — N/A 25 JAN 2021		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.** — See attachment # 4	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** — N/A	✓			
• **List of all corporation shareholders and their percent ownership.** — See attachment #4		✓		
• **List of all partners and their percent ownership.** — N/A			✓	
• **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.** — See attachment # 5	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ — attachment #6		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** — N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** — N/A	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. — N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond** form at http://bop.nv.gov/Services/newapps/Business/. — N/A 25 JAN 2021		✓	✓	✓

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.

Mason Hendley

Print Name of Authorized Person Submitting Application

Mason Hendley

Original signature of Authorized Person (copies or stamps not accepted)

5 Aug 2021

Date

Board Use Only	Date Received: _____	Amount: 500 check# 1040987

Maria Herrera

From: ralicensing@ups.com
Sent: Monday, September 13, 2021 8:02 AM
To: Maria Herrera; ralicensing@ups.com
Cc: alucatamo@ups.com
Subject: RE: Nevada Wholesaler Application- UPS Supply Chain Solutions, Inc.

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning Maria-

Please see the below employee list for our facility located at 17825 Indian Street, Moreno Valley, CA, as requested, and advise if anything else is needed.

Name	Position
Marissa Aispuro	Operations Supervisor
Julia Caldera	Admin II
Carmen Manzo	Admin II
Lusher Bilton	Operations Lead
Jose Jasso	Warehouse III
Peter Samifua	Warehouse III
Raul Hernandez	Warehouse III
Rebeca Arreola	QA Specialist
John (Mason) Hendley	Operations Manager

Thank you!

Regards,

Amy Lucatamo
Healthcare Compliance Specialist, Regulatory Affairs
UPS® Healthcare
Phone: 302-781-1892
Email address: alucatamo@ups.com

UPS Healthcare
Quality Focused. Patient Driven.

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

Name/Title	Work Address	Work Phone	Email	% ownership
Wesley P. Wheeler **President**	12380 Morris Road Alpharetta, GA 30005	(919) 606-5575	wwheeler@ups.com	0
Thomas Page **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-3836	tpage@ups.com	0
Stephen Hydrick **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-4404	shydrick@ups.com	0
Seth Bruckner **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-7413	sbruckner@ups.com	0
William M. Jacques **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-8718	wjacques@ups.com	0

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

Attachment #4
Officers/Directors

Dr. Shirley N. Weber
California Secretary of State

Attachment #5

Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Wednesday, June 23, 2021. Please refer to document **Processing Times** for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

C1633651 UPS SUPPLY CHAIN SOLUTIONS, INC.

Registration Date:	02/14/1989
Jurisdiction:	DELAWARE
Entity Type:	FOREIGN STOCK
Status:	ACTIVE
Agent for Service of Process:	**CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERVICE (C1592199)** To find the most current California registered Corporate Agent for Service of Process address and authorized employee(s) information, click the link above and then select the most current 1505 Certificate.
Entity Address:	12380 MORRIS ROAD ALPHARETTA GA 30005
Entity Mailing Address:	55 SECOND STREET SAN FRANCISCO CA 94105

Certificate of Status

A Statement of Information is due EVERY year beginning five months before and through the end of February.

Document Type	File Date	PDF
SI-COMPLETE	02/09/2021	
SI-COMPLETE	02/26/2020	
AMENDED REGISTRATION	01/06/2003	
AMENDED REGISTRATION	07/18/2002	
AMENDED REGISTRATION	02/28/1990	
REGISTRATION	02/14/1989	

* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code **section 2114** for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to **Name Availability**.
- If the image is not available online, for information on ordering a copy refer to **Information Requests**.
- For information on ordering certificates, status reports, certified copies of documents and copies of documents not currently available in the Business Search or to request a more extensive search for records, refer to **Information Requests**.
- For help with searching an entity name, refer to **Search Tips**.
- For descriptions of the various fields and status types, refer to **Frequently Asked Questions**.

Modify Search **New Search** **Back to Search Results**

attachment #1

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

California Secretary of State
Electronic Filing

FILED
Secretary of State
State of California

Corporation - Statement of Information

Entity Name:	UPS SUPPLY CHAIN SOLUTIONS, INC.
Entity (File) Number:	C1633651
File Date:	02/09/2021
Entity Type:	Corporation
Jurisdiction:	DELAWARE
Document ID:	GQ53745

Detailed Filing Information

1. Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

2. Business Addresses:
   a. Street Address of Principal Office in California:
   55 Second Street
   San Francisco, California 94105
   United States of America

   b. Mailing Address:
   55 Second Street
   San Francisco, California 94105
   United States of America

   c. Street Address of Principal Executive Office:
   12380 Morris Road
   Alpharetta, Georgia 30005
   United States of America

3. Officers:
   a. Chief Executive Officer:
   Romaine M. Seguin
   55 Glenlake Parkway, NE
   Atlanta, Georgia 30328
   United States of America

   b. Secretary:
   Norman M. Brothers Jr.
   55 Glenlake Parkway, NE
   Atlanta, Georgia 30328
   United States of America

Document ID: GQ53745

California Secretary of State
Electronic Filing

Officers (cont'd):

c. Chief Financial Officer: Brian O. Newman
55 Glenlake Parkway, NE
Atlanta, Georgia 30328
United States of America

4. Director: Not Applicable

Number of Vacancies on the Board of Directors: Not Applicable

5. Agent for Service of Process: CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERVICE (C1592199)

6. Type of Business: Customs brokerage

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Richard D. Bishop

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Document ID: GQ53745

attachment #2

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

DUPLICATE
ORIGINAL CERTIFICATE

Third-Party Logistics Provider

LICENSE NO. TPL 1278 ISSUE DATE JANUARY 26, 2021

UPS SUPPLY CHAIN SOLUTIONS INC

17825 INDIAN ST
MORENO VALLEY CA 92551

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

CORPORATION

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

PLACE RENEWAL LICENSE HERE

VALID UNTIL JANUARY 01, 2022 RECEIPT NUMBER 00690928

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

In accordance with section 4160 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(s), shareholder (more than 10 percent share change), responsible manager. If you are planning to change location or responsible manager, 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

04/26/21
04/26/21

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

OPHIPL 09/30/19 TPI

Attachment #6

UPS SUPPLY CHAIN SOLUTIONS, INC.

17825 INDIAN STREET

MORENO VALLEY, CA 92551

Q: Section #9

- Personal History Record Application must be completed by each shareholder/stockholder/partner/owner"

A:

"UPS Supply Chain Solutions, Inc., is a wholly owned subsidiary of United Parcel Services, Inc. (UPS). There are no owners of UPS Supply Chain Solutions"

955

NABP ACCREDITED
DRUG DISTRIBUTOR

UPS Supply Chain Solutions, Inc

located at

17825 Indian Street, Moreno Valley, CA 92551

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

7/19/2021 - 7/18/2024
Period of Accreditation

Att 4 Amend #2

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler UPS SUPPLY CHAIN SOLUTIONS, INC.

Physical Address 17825 INDIAN STREET

City MORENO VALLEY State CA Zip 92551

Mailing Address (if different from physical address) 211 LAKE DRIVE, SUITE F

City NEWARK State DE Zip 19702

Telephone 951-703-5257 Website WWW.UPS.COM

Licensing Company Email RALICENSING@UPS.COM

Section 2: Personal Information

First MARISSA Middle _____ Last AISPURO

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] MONTE VISTA AVE. [redacted]

City CHINO HILLS State CA Zip 91709

Telephone [redacted] Email MAISPURO@UPS.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____ N/A

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials AIA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Mount San Antonio Community College		08/10-12/13	
Address	City	State	Zip
1100 N Grand Ave	Walnut	CA	91789
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Don Antonio Lugo High School		09/05-06/10	
Address	City	State	Zip
13400 Pipeline Ave	Chino	CA	91710
Diploma/Degree obtained, if any			
High School diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

N/A
AL 10/AUG-2021

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/1994- present → 08/21	[redacted] Monte Vista Ave Spc. [redacted]	Chino Hills	CA	91709
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

N/A
AL 10/AUG-2021

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
UPS Supply chain Solutions, Inc.			07/2020- Present (08/21)	
Business Address		City	State	Zip
17825 Indian St		Moreno Valley	CA	92551
Phone	Title		Number of Employed Hours	
951-571-2800	Operations Supervisor		45 + weekly	
Description of Duties				
Involved in daily oversight of receipt, storage, and distribution activities of pharmaceutical products and medical devices; RX and OTC.				

Business Name			From - To (MM/YY – MM/YY)	
UPS Supply chain Solutions, Inc.			11/13 – 06/20	
Business Address		City	State	Zip
11811 Landon Drive		Mira Loma	CA	91752
Phone	Title		Number of Employed Hours	
951-749-3364	Operations Supervisor		40 + weekly	
Description of Duties				
Oversee the day to day operation of prescription medical devices and pharmaceutical products to hospitals and distributors.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

N/A
AL 16AUG2021

Continue on next page if additional space is needed.

Applicant's initials MA

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

N/A
AL 10/AUG-2021

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

N/A
AL HEARING 2021

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

13 Aug 2021
Date

Applicant's initials MA

I, MARISSA AISPURO, **certify that as the designated representative for**

UPS SUPPLY CHAIN SOLUTIONS, INC., 17825 INDIAN STREET, MORENO VALLEY, CA

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

MARISSA AISPURO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

13 Aug 2021

Date

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.

MARISSA AISPURO

Print Name (First, Last)

Marissa Aispuro

Original Signature (electronic, copies or stamps not accepted)

16 Aug 2021

Date

Please have this section completed in the presence of a Notary Public.

State of DELAWARE, ss. County of NEW CASTLE

I, AMY BETH LUCATAMO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Marissa Aispuro

Original Signature

16 Aug 2021

Date

Subscribed and Sworn to before me this 16 day of AUGUST 2021.

Amy Beth Lucatamo

Notary Public Signature

(Seal)

Applicant's initials MA

Attachment #53
AL
2-25-2021

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. E617314

Application/License No. _____

UPS Supply Chain Solutions, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 17825 Indian Street Moreno Valley, CA 92551 (Address of Applicant/Principal), as PRINCIPAL, and Great American Insurance Company (Surety Company), a 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 17825 Indian Street Moreno Valley, CA 92551 (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 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 01/27/2021 (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 27th day of January, 2021

APPLICANT/PRINCIPAL

Authorized Representative

d SEALED in the presence of:

s Lynda M. Scott

Witness

SURETY COMPANY

Surety Company's Representative

Lisa Gelsomino, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

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. E617314

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 27th day of January , 2021 .

Attest GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 27th day of January , 2021 , 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

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 Divisonal 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 27th day of January , 2021 .

Assistant Secretary

Attachment #1

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 <u>not</u> 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

_____ Dated: 10/1/10
Authorized Representative / Title

Subscribed and sworn to before me in the County of Fulton, State of Georgia, this 1 day of October, 2010 by Daniel Silvernale, authorized representative of UPS Supply Chain Solutions, Inc.

My commission expires: Sept 21, 2013

DALE BANKS NOTARY PUBLIC FULTON COUNTY, GEORGIA MY COMMISSION EXPIRES SEPT 21 2013

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 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 Satelite Blvd.
Duluth, GA 30097
(via email: joyroberts@ups.com)

/s/ John Steele
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 Satelite Blvd.
Duluth, GA 30097

Catie Stanquist
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

RECEIVED
OCT 28 2011
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 Compliance 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 FULTON COUNTY, GEORGIA MY COMMISSION EXPIRES AUGUST 20, 2013

Yvonda 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 AACS, 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: 10/9/13

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.

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 Silvernale, 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. (P67550)
Attorney for Respondent Wholesaler

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

KY BOARD OF PHARMACY
RECEIVED
2012 JUL 29 P 1:18

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

9/12/12
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)

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 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

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.

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 AACS, 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

UPS Supply Chain Solutions

211 Lake Drive
Suite F
Newark, DE 19702
302.631.5000 Tel
302.631.5238 Fax

August 9, 2021

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

Re: Initial Out of State Wholesale Distributor Application – UPS Supply Chain Solutions, Inc.
17825 Indian Street
Moreno Valley, CA 92551

Dear Sir or Madam:

UPS Supply Chain Solutions, Inc., a Third-Party Logistics Provider, is submitting one (1) initial 3PL application for the above location. Also included is any required back up documentation and payment (Check 1040987), in the amount of $500.00 for the application fee.

Once the applications have been processed and licenses issued, please send the new licenses to my attention at 211 Lake Drive, Suite F, Newark, DE 19702.

If you have any questions or need additional information, please contact me at the phone number or email address listed below.

Sincerely,

Amy Lucatamo
Healthcare Compliance Specialist
(302) 781-1892
ralicensing@ups.com

4BB

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☑ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 62034	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☑ No

Section 1: General Information

Facility Name: Wellgistics LLC

Physical Address: 358 Eagles Landing Drive

City: Lakeland State: FL Zip: 33810

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 863-333-9700 Website: www.wellgistics.com

Name of Designated Representative (DR): Christopher Derek Harris

Licensing Company Email: licensing@wellgistics.com DR Email: charris@wellgistics.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☑ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 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?		✓
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)?		✓

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.

6/8/2021

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Glenmark Pharmaceuticals Inc
Address: 750 Corporate Drive City: Mahwah State: NJ Zip: 07430
Name: Taro Pharmaceuticals
Address: 3 Skyline Drive City: Hawthorne State: NY Zip: 10532
Name: Aurobindo Pharma USA, INC.
Address: 6 Wheeling Road City: Dayton State: NJ Zip: 08810
Name: Bausch Health US.
Address: 400 Somerset Corporate Blvd. City: Bridgewater State: NJ Zip: 08807

Section 4: 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 5: Non-Publicly Traded Corporation

State of Incorporation: Florida
Parent Company (if any): Strategix Global LLC and Nomad Capital LLC
Corporation Name: Wellgistics LLC
Mailing Address: 358 Eagles Landing Drive Lakeland
City: Lakeland State: FL Zip: 33810
Telephone: 863-333-9700 Email: licenses@wellgistics.com
Contact Person Name: Christopher Harris

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

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	Partner-ship	Sole Owner
• ✓ **List of all Officers and Directors.**	✓	✓		
• ✓ **List the top four corporation shareholders and their percent ownership.**	✓			
• ✓ **List of all corporation shareholders and their percent ownership.**		✓		
• ✓ **List of all partners and their percent ownership.**			✓	
• ✓ **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**.	✓	✓	✓	✓
• ✓ **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• ✓ **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• ✓ **Copy of current SEC 10K or 8K**	✓			
• ✓ **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Christopher Derek Harris

Print Name of Authorized Person Submitting Application

Christopher Derek Harris

Original signature of Authorized Person (copies or stamps not accepted)

06/09/21

Date

Board Use Only	Date Received: _____	Amount: $500 / Check #10489 Processed 9/9/21

State of Florida
Department of State

I certify from the records of this office that WELLGISTICS, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 16, 2013.

The document number of this limited liability company is L13000071794.

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 7, 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-eighth day of May, 2021

Secretary of State

Tracking Number: 6366217839CU

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

WELLGISTICS LLC
358 EAGLES LANDING DR
LAKELAND FL 33810

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

2220270 ISSUED: 08/29/2021

RX DRUG WHOLESALE DISTRIBUTOR
WELLGISTICS LLC

HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date : JUN 30, 2023 L2108290000154

DETACH HERE

RON DESANTIS, GOVERNOR JULIE I. BROWN, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
2220270	

The PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: JUN 30, 2023

WELLGISTICS LLC
358 EAGLES LANDING DR
LAKELAND FL 33810

ISSUED: 08/29/2021 DISPLAY AS REQUIRED BY LAW SEQ # L2108290000154

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RW0566351	05-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	05-10-2021

WELLGISTICS LLC
358 EAGLES LANDING DR
LAKELAND, FL 33810

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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358 EAGLES LANDING DR
LAKELAND, FL 33810

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Form DEA-223 (9/2016)

BOND NO. 34BSBIL2139

Know All Men By These Presents,

That we, Wellgistics, LLC

of 358 Eagles Landing Dr, Lakeland, FL 33810 as Principal.

and Hartford Fire Insurance Company a corporation organized under the laws of the State of Connecticut having its principal office in the City of Hartford as Surety, are held and firmly bound unto Nevada State Board of Pharmacy

in the sum of Twenty-Five Thousand Dollars ($25,000) lawful money of the United States, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Whereas, the above bounden Principal has been granted a

Pharmaceutical Wholesaler.

Now, Therefore, the Condition of this Obligation is Such, that if the above Principal shall indemnify and save harmless the Nevada State Board of Pharmacy against loss to which the Nevada State Board of Pharmacy may be subject by reason of said Principal's breach of any ordinance, rule or regulation relating to the above described license or permit, then this obligation shall be null and void, otherwise to remain in full force and effect.

This obligation may be canceled by said Surety by giving thirty (30) days notice in writing to:

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

and the said Surety shall be relieved of any further liability under this bond thirty (30) days after receipt of said notice by the said Nevada State Board of Pharmacy.

No cause of action shall lie against the surety unless commenced within two years from the date the cause of action accrues against the principal.

Regardless of the number of years this bond shall continue in force and the number of premiums which shall be payable or paid, the surety's total limit of liability shall not be cumulative from year to year or period to period.

Signed, sealed and dated this 10th day of September, 2020.

Principal

Wellgistics, LLC (Seal)

By _____

Surety

Hartford Fire Insurance Company (Seal)

By _____

(Tamie Griffiths, Attorney-in-Fact)

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: LANDMARK INSURANCE INC
Agency Code: 34-471139

- [X] **Hartford Fire Insurance Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois,** a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Tamie Griffiths

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. 34BSBIL2139
Naming Wellgistics, LLC 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 10, 2020.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

	A	B	C
1	Udated List of Officers, Employees and Other		
2			
3	Brian	Norton	CEO
4	Christopher	Harris	CCO
5	Douglas	Edmunds	General Counsel
6	Ajai	Clayton	
7	Bryan	DiCesare	
8	Grant	Marshall	
9	Rachael	Reed	
10	Kelly	Rivera	
11	Stephany	Bucio	
12	Jim	Grauso	
13	Thomas	Johnson	
14	Crystal	Harris	
15	Michael	Buchanan	
16	Ryan	Hinkins	
17	Scott	Madsen	
18	Steve	Madsen	
19	Tony	Madsen	
20	Robert	Norton	
21	Sam	Sampson	
22	Kacen	Smith	
23	Thomas	Stucki	
24	Aaron	Treanor	

Wellgistics | Wholesale Pharmaceutical Distribution

Top Four LLC Shareholders

1. Strategix Global LLC – 80%	Brian Norton (CEO)
a. Norton Consulting – 95%	Brian Norton (Owner)
b. Strategix Investors – 5%	Samuel Noel (Manager)
2. Nomad Capital LLC – 20%	Scott Madsen (Manager)
a. Zintaris LLC – 5%	David Madsen (Owner)
b. TYR LLC – 5%	Stephen Madsen (Owner)
c. Blackthorne – 5%	Scott Madsen (Owner)
d. Norton Consulting LLC 5%	Brian Norton (Owner)

wellgistics.com
Phone (863)333-9700 Fax (863) 336-5010
358 Eagles Landing Drive Lakeland, FL 33810

live true
be well™

NABP ACCREDITED

DRUG DISTRIBUTOR

Wellgistics LLC

located at

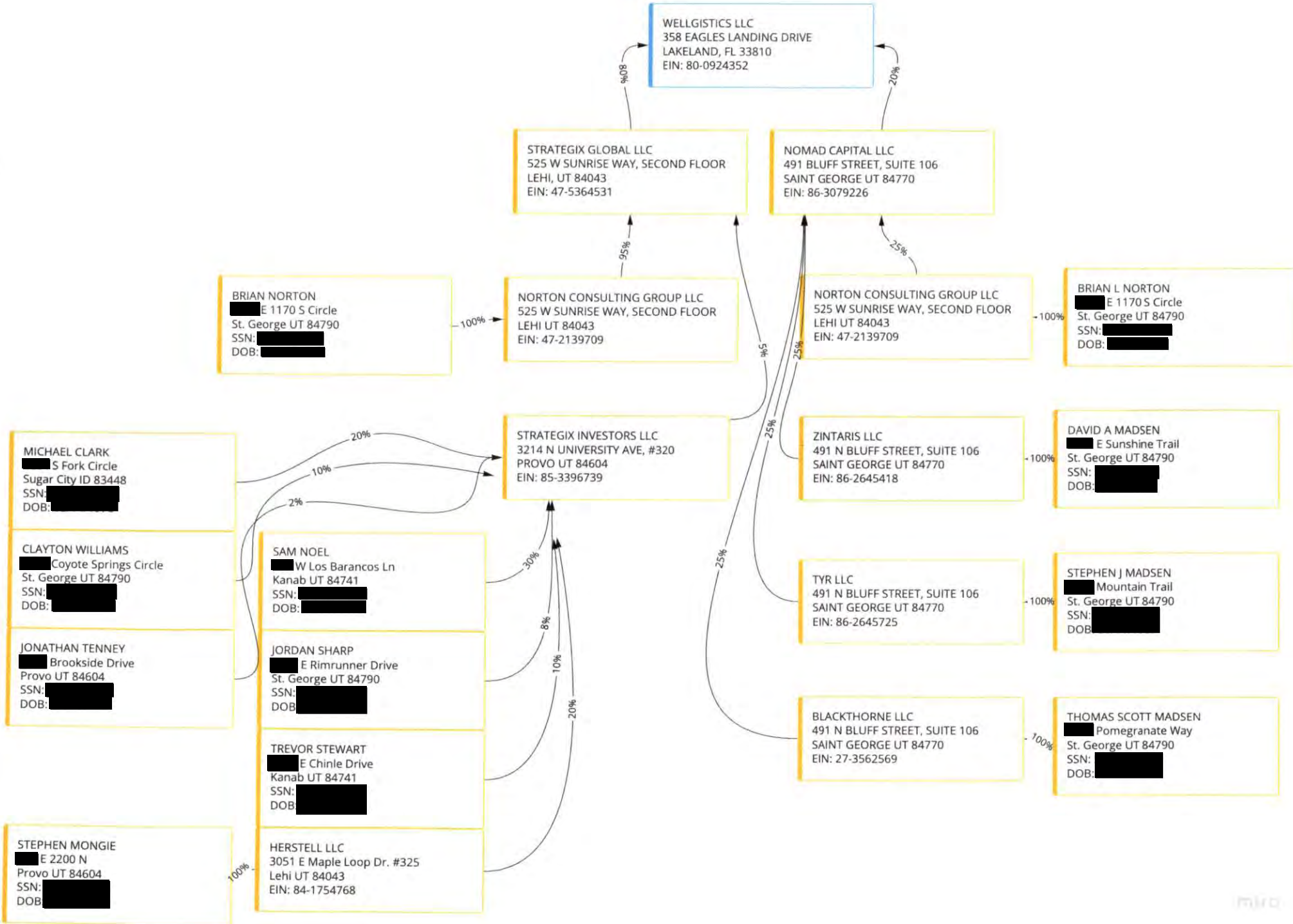
358 Eagles Landing Dr, Lakeland, FL 33810

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

11/09/2019 - 11/08/2022
Period of Accreditation

1009


WELLGISTICS LLC
358 EAGLES LANDING DRIVE
LAKELAND, FL 33810
EIN: 80-0924352
80%
20%
STRATEGIX GLOBAL LLC
525 W SUNRISE WAY, SECOND FLOOR
LEHI, UT 84043
EIN: 47-5364531
NOMAD CAPITAL LLC
491 BLUFF STREET, SUITE 106
SAINT GEORGE UT 84770
EIN: 86-3079226
95%
25%
BRIAN NORTON
[redacted] E 1170 S Circle
St. George UT 84790
SSN: [redacted]
DOB: [redacted]
100%
NORTON CONSULTING GROUP LLC
525 W SUNRISE WAY, SECOND FLOOR
LEHI UT 84043
EIN: 47-2139709
5%
NORTON CONSULTING GROUP LLC
525 W SUNRISE WAY, SECOND FLOOR
LEHI UT 84043
EIN: 47-2139709
100%
BRIAN L NORTON
[redacted] E 1170 S Circle
St. George UT 84790
SSN: [redacted]
DOB: [redacted]
25%
25%
25%
MICHAEL CLARK
[redacted] S Fork Circle
Sugar City ID 83448
SSN: [redacted]
DOB: [redacted]
20%
10%
2%
STRATEGIX INVESTORS LLC
3214 N UNIVERSITY AVE, #320
PROVO UT 84604
EIN: 85-3396739
ZINTARIS LLC
491 N BLUFF STREET, SUITE 106
SAINT GEORGE UT 84770
EIN: 86-2645418
100%
DAVID A MADSEN
[redacted] E Sunshine Trail
St. George UT 84790
SSN: [redacted]
DOB: [redacted]
CLAYTON WILLIAMS
[redacted] Coyote Springs Circle
St. George UT 84790
SSN: [redacted]
DOB: [redacted]
SAM NOEL
[redacted] W Los Barancos Ln
Kanab UT 84741
SSN: [redacted]
DOB: [redacted]
30%
TYR LLC
491 N BLUFF STREET, SUITE 106
SAINT GEORGE UT 84770
EIN: 86-2645725
100%
STEPHEN J MADSEN
[redacted] Mountain Trail
St. George UT 84790
SSN: [redacted]
DOB: [redacted]
JONATHAN TENNEY
[redacted] Brookside Drive
Provo UT 84604
SSN: [redacted]
DOB: [redacted]
JORDAN SHARP
[redacted] E Rimrunner Drive
St. George UT 84790
SSN: [redacted]
DOB: [redacted]
8%
10%
20%
TREVOR STEWART
[redacted] E Chinle Drive
Kanab UT 84741
SSN: [redacted]
DOB: [redacted]
BLACKTHORNE LLC
491 N BLUFF STREET, SUITE 106
SAINT GEORGE UT 84770
EIN: 27-3562569
100%
THOMAS SCOTT MADSEN
[redacted] Pomegranate Way
St. George UT 84790
SSN: [redacted]
DOB: [redacted]
STEPHEN MONGIE
[redacted] E 2200 N
Provo UT 84604
SSN: [redacted]
DOB: [redacted]
100%
HERSTELL LLC
3051 E Maple Loop Dr. #325
Lehi UT 84043
EIN: 84-1754768

WellGistics LLC List of Officers

Officer

1. **Brian Leonard Norton: CEO**
    - Work Address 525 W Sunrise Way 2nd Floor Lehi, UT 84043
    - bnorton@wellgistics.com

Officer

2. **Christopher Derek Harris: CCO** CDH
    - Work Address: 358Eagles Landing Dr, Lakeland FL 33810
    - dharris@wellgistics.com
    - [redacted]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler WELLGISTICS LLC

Physical Address 358 EAGLES LANDING DR

City LAKELAND State FL Zip 33810

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 863-333-9701 Website wellgistics.com

Licensing Company Email _____

Section 2: Personal Information

First CHRISTOPHER Middle DEREK Last HARRIS

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] VAN FLEET CT

City AUBURNDALE State FL Zip 33823

Telephone [redacted] Email dharris@WELLGISTICS.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
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?		X

Applicant's initials CDH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Polk State College			08/2015	
Address		City	State	Zip
999 Ave H NE		Winter Haven	FL	33881
Diploma/Degree obtained, if any				
N/A				

School Name			From - To (MM/YY – MM/YY)	
Gadsden State Community College			08/93 - 08/15	
Address		City	State	Zip
1001 George Wallace Drive		Gadsden	AL	35903
Diploma/Degree obtained, if any				
AA-				

School Name			From - To (MM/YY – MM/YY)	
Oxford High School			08/90 - 05/92	
Address		City	State	Zip
1 Yellow Jacket Drive		Oxford	AL	36203
Diploma/Degree obtained, if any				
Advanced Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/19 - Present	[redacted] VANFleet Court	Auburndale	FL	33823
03/17 - 10/19	1655 NINA DRive	DAVENPORT	FL	33837
03/16 - 03/17	6095 NEASE ROAD	GUYTON	GA	31312
08/15 - 03/16	1910 NW 178th TERRACE	Pembroke Pines	FL	33029
04/14 - 08/15	2234 Palmview Cir. E	Auburndale	FL	33823
04/13 - 04/14	149 STRATford Court	Haines City	FL	33844
08/12 - 04/13	9300 Northlake Pkwy Apt 1013	Orlando	FL	Zip 32827 ~~32829~~
02/11 - 03/12	2403 Econ Cir #291	ORLANDO	FL	32817

Applicant's initials CDM

Section 7: A designated representative must provide proof that he/she has been employed for at least 5,000 hours in pharmacies (NAC 639.955) or wholesalers (NAC 639.9555) in occupations related to the dispensing and distribution of, and record keeping relating to, prescription drugs. Beginning with the most recent, list your hours of employment relating to the above.

Business Name			From - To (MM/YY – MM/YY)
Wellgistics LLC			06/17 – Present
Business Address	**City**	**State**	**Zip**
358 EAGLES LANDING DR.	Lakeland	FL	33810
Phone	**Title**	**Number of Employed Hours**	
863-333-9701	Chief Compliance Officer / CDR	8240	
Description of Duties			
CDR - Chief Compliance Officer, Created SOP's, Management of Facility			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name N/A			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Violations, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. 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:

South Carolina requires you to appear before the board for licensure in South Carolina as a non-resident wholesaler. I represented the company as the CDR + CCO before the South Carolina board. We were granted licensure as a non-resident drug wholesaler.

Christopher Derek Hanni
Original Signature (electronic, copies or stamps not accepted)

06/01/2021
Date

Applicant's initials CDH

I, Christopher Derek Harris, **certify that as the designated representative for** Wellgistics LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Christopher Harris
Print Name (First, Last)

Christopher Derek Harris
Original Signature (electronic, copies or stamps not accepted)

06/01/2021
Date

Applicant's initials CDH

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.

Christopher Harris
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/01/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Polk

I, Christopher 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/01/2021
Date

Subscribed and Sworn to before me this 14th day of June, 2021.

Notary Public Signature

NOTARY PUBLIC STATE OF FLORIDA
GRANT MARSHALL
COMMISSION # GG180170
EXPIRES Jan. 29, 2022
BONDED THROUGH
RLI INSURANCE COMPANY

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Wellgistics LLC

Physical Address 358 Eagles Landing Dr.

City Lakeland State FL Zip 33810

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 863-333-9700 Website www.wellgistics.com

Licensing Company Email Licenses@wellgistics.com

Section 2: Personal Information

First Brian Middle L Last Norton

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] E 1170 S Cir

City St. George State UT Zip 84790

Telephone [redacted] Email bnorton@wellgistics.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.500, NRS 616.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials BN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Romeo High School		08/93 – 05/97	
Address	**City**	**State**	**Zip**
62300 Jewell Road	Washington	MI	48094
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21 – Present	[redacted] E 1170 S Circle	St. George	UT	84790
07/14 – 05/21	358 E Carriage Lane	Washington	UT	84780
01/11 – 07/14	2386 Cover Lane	Santa Clara	UT	84765
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BW

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Nomad Capital LLC			From - To (MM/YY – MM/YY): – Present
Business Address: 491 Bluff Street Ste. 106	City: St. George	State: UT	Zip: 84770
Phone: 435-767-0867	Title: Member		
Description of Duties: Manage investment opportunities			

Business Name: Wellgistics LLC			From - To (MM/YY – MM/YY): [illegible] – Present
Business Address: 358 Eagles Landing Drive	City: Lakeland	State: FL	Zip: 33810
Phone: 863-333-9700	Title: CEO		
Description of Duties: Manage clients/customers and create accounts for Wholesale Drug Distributor.			

Business Name: Pro Logix Pharma LLC			From - To (MM/YY – MM/YY): 12/16 – Present
Business Address: 354 Eagles Landing Drive	City: Lakeland	State: FL	Zip: 33810
Phone: 863-336-5012	Title: CEO		
Description of Duties: Act as CEO - initiate sales contracts, manage accounts for wholesale drug distributor/3PL/manufacturer.			

Business Name: Stratesix Global LLC			From - To (MM/YY – MM/YY): 11/15 – Present
Business Address: 525 W Sunrise Way 2nd Floor	City: Lehi	State: UT	Zip: 84043
Phone: 863-336-5001	Title: CEO		
Description of Duties: Management of Companies and Enterprises			

Business Name: Norton Consulting LLC			From - To (MM/YY – MM/YY): 12/14 – Present
Business Address: 525 W Sunrise Way 2nd Floor	City: Lehi	State: UT	Zip: 84043
Phone: 863-336-5001	Title: CEO		
Description of Duties: Business Management Consulting			

Continue on next page if additional space is needed.

Applicant's initials BRV

Business Name			From - To (MM/YY – MM/YY)
Allegiant Group, Inc.			01/11 - 12/14
Business Address	**City**	**State**	**Zip**
3079 S. Baldwin Rd. #207	Lake Orion	MI	48359
Phone	**Title**		
800 - 739 - 9421	CEO		
Description of Duties			
Provide non-biased information on the array of options and coverages available to seniors regarding life/burial insurance, savings & investments.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BN

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials BN

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Brian Norton

Original Signature (electronic, copies or stamps not accepted)

08/01/2021

Date

Applicant's initials BN

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.

Brian Norton
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/01/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Polk

I, Brian Norton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/01/2021
Date

Subscribed and Sworn to before me this 1st day of June, 2021

Notary Public Signature

GRANT MARSHALL
COMMISSION # GG180170
EXPIRES Jan. 29, 2022
BONDED THROUGH
RLI INSURANCE COMPANY

(Seal)

Applicant's initials BW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Wellgistics LLC

Physical Address 358 Eagles Landing Dr.

City Lakeland State FL Zip 33810

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 863-333-9700 Website www.wellgistics.com

Licensing Company Email licenses@wellgistics.com

Section 2: Personal Information

First DAVid Middle Anthony Last Madsen

Alias(es, nicknames, name changes, etc.) TONY

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] E. Sunshine Trail [redacted]

City St. George State UT Zip 84790

Telephone [redacted] Email tony@wellgistics.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials DM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
BYU Idaho		09/10 - 05/13	
Address	**City**	**State**	**Zip**
525 South Center St.	Rexburg	ID	83460
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Snow Canyon High School		08/04 - 06/08	
Address	**City**	**State**	**Zip**
1385 N 2400 W	St. George	UT	84770
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/19 - Present	[redacted] Sunshine Trail	St. George	UT	84770
06/15 - 03/19	3044 Bayberry Circle	St. George	UT	84770
01/14 - 06/15	687 East 700 South	St. George	UT	84770
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Cingo Solutions			12/13 - current	
Business Address		**City**	**State**	**Zip**
491 N. Bluff Street Suite 100		St. George	UT	84770
Phone	**Title**			
435-767-0867	Director of Cyber Security			
Description of Duties				
Enterprise level Cybersecurity				

Business Name			From - To (MM/YY – MM/YY)	
Circuit Trucking Shop			07/13 - 12/13	
Business Address		**City**	**State**	**Zip**
4540 N. Salem Rd.		Rexburg	ID	83440
Phone	**Title**			
208-356-9038	mechanic			
Description of Duties				
Uses tools to repair trucks				

Business Name			From - To (MM/YY – MM/YY)	
Tire Factory			09/10 - 03/13	
Business Address		**City**	**State**	**Zip**
119 N. 2nd E.		Rexburg	ID	83440
Phone	**Title**			
208-356-7371	Jr. Mechanic			
Description of Duties				
Uses tools to repair vehicles				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X MS 9/13/21
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials DM

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # ____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

David Madson

Original Signature (electronic, copies or stamps not accepted)

06/01/2021

Date

Applicant's initials DM

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.

David Madsen
Print Name (First, Last)

David Madsen
Original Signature (electronic, copies or stamps not accepted)

06/01/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Polk

I, David Madsen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

David Madsen
Original Signature

06/01/2021
Date

Subscribed and Sworn to before me this 1st day of June, 2021

Notary Public Signature

NOTARY PUBLIC STATE OF FLORIDA
GRANT MARSHALL
COMMISSION # GG180170
EXPIRES Jan. 29, 2022
BONDED THROUGH RLI INSURANCE COMPANY
(Seal)

Applicant's initials DM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Wellgistics, LLC

Physical Address 358 Eagles Landing Dr.

City Lakeland State FL Zip 33810

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 863-333-9700 Website www.wellgistics.com

Licensing Company Email [redacted] Licenses@wellgistics.com

Section 2: Personal Information

First Stephen Middle James Last Madsen

Alias(es, nicknames, name changes, etc.) Steve

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Mountain Trail St.

City St. George State UT Zip 84790

Telephone [redacted] Email Steve@wellgistics.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Dixie State University	08/10 - 08/11

Address	City	State	Zip
225 S 700 E	St. George	UT	84770

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY)
Snow Canyon High School	08/02 - 06/06

Address	City	State	Zip
1385 N 2400 W	St George	UT	84770

Diploma/Degree obtained, if any
High School Diploma

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY

Address	City	State	Zip

Diploma/Degree obtained, if any

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/19 - Current	[redacted] MOUNTAIN TRAIL	St. George	UT	84790
03/19 - 08/19	11647 Sunshine Trail	St. George	UT	84790
06/15 - 03/19	3044 Bayberry Circle	St. George	UT	84790
01/14 - 06/15	767 East 700 South	St. George	UT	84790
2011 - 01/14	924 Bryan Ave.	Salt Lake	UT	84105
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Cingo Solutions			02/13 - Current	
Business Address		**City**	**State**	**Zip**
491 N. Bluff Street Suite 106		St. George	UT	84790
Phone	**Title**			
435-767-0867	President			
Description of Duties				
Enterprise level cybersecurity				

Business Name			From - To (MM/YY – MM/YY)	
Biz2 Capital			06/12 - 03/14	
Business Address		**City**	**State**	**Zip**
3381 Mayflower way ste 225		Lehi	UT	84043
Phone	**Title**			
888-285-8707	Business Loan Consultant			
Description of Duties				
Provide working capital solutions to business owners				

Business Name			From - To (MM/YY – MM/YY)	
US Bank			09/11 - 06/12	
Business Address		**City**	**State**	**Zip**
1174 West 600 North		Salt Lake City	UT	84116
Phone	**Title**			
801 363 2223	Personal Banker			
Description of Duties				
Handle new customers and customize accounts to fit the customer's needs.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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:

Stephen Madson

Original Signature (electronic, copies or stamps not accepted)

04/01/2021

Date

Applicant's initials SM

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.

Stephen Madsen
Print Name (First, Last)

Stephen Madsen
Original Signature (electronic, copies or stamps not accepted)

06/01/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Polk

I, Stephen Madsen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Stephen Madsen
Original Signature

06/01/2021
Date

Subscribed and Sworn to before me this 1st day of June, 2021.

Grant Marshall
Notary Public Signature

NOTARY PUBLIC STATE OF FLORIDA
GRANT MARSHALL
COMMISSION # GG180170
EXPIRES Jan. 29, 2022
BONDED THROUGH RLI INSURANCE COMPANY

(Seal)

Applicant's initials SM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Wellgistics LLC

Physical Address 358 [redacted] EAgles Landing DR

City Lakeland State FL Zip 33810

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 863-333-9200 Website www.wellgistics.com

Licensing Company Email licenses@wellgistics.com

Section 2: Personal Information

First Thomas Middle Scott Last Madsen

Alias(es, nicknames, name changes, etc.) Scott

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Pomegranate Way

City St. George State UT Zip 84790

Telephone [redacted] Email Scott@wellgistics.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials TM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
~~Dixie~~ Dixie State University		08/04 – 05/05	
Address	**City**	**State**	**Zip**
225 S 700 ~~E~~	St. George	UT	84770
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Brighton High School		08/97 – 05/01	
Address	**City**	**State**	**Zip**
2220 Bengal Blvd	Cottonwood Heights	UT	84121
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/13 – Current	[redacted] Pomegranate Way	St. George	UT	84790
2009 – 2013	1735 W. 540 N #2304	St. George	UT	84790

Applicant's initials TM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Cingo Solutions			2011 - Current
Business Address	**City**	**State**	**Zip**
37 west 1070 South Ste 201	St. George	UT	84790
Phone	**Title**		
435-767-0867	CEO		
Description of Duties			
Enterprise level Cybersecurity			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Thomas Madsen
Original Signature (electronic, copies or stamps not accepted)

06/01/21
Date

Applicant's initials TM

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.

Thomas Madsen
Print Name (First, Last)

Thomas Madsen — 06/01/21
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Polk

I, Thomas Madsen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Thomas Madsen — 06/01/21
Original Signature — **Date**

Subscribed and Sworn to before me this 1st day of June, 2021

Notary Public Signature

GRANT MARSHALL
COMMISSION # GG180170
EXPIRES Jan. 29, 2022
BONDED THROUGH
NJ INSURANCE COMPANY
NOTARY PUBLIC STATE OF FLORIDA
(Seal)

Applicant's initials TM

4CC

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH WH01827	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Vertical Pharmaceuticals, LLC

Physical Address: 2500 Main Street Extension, Suite 6

City: Sayreville State: NJ Zip: 08872

Mailing Address (if different from physical address): 895 Sawyer Road

City: Marietta State: GA Zip: 30062

Telephone: (908) 809-1300 Website: https://www.verticalpharma.com/

Name of Designated Representative (DR): Daniel Lombardy

Licensing Company Email: verticalstatelicense@osmotica.com DR Email: dlombardy@osmotica.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
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)?		x
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?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
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?		x
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)?		x

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: 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 5: Non-Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Vertical/Trigen Opco, LLC

Corporation Name: Vertical Pharmaceuticals, LLC

Mailing Address: 895 Sawyer Road

City: Marietta State: GA Zip: 30062

Telephone: 908-809-1300 Email: verticalstatelicense@osmotica.com

Contact Person Name: Heather S. Jones

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	x	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Harold Deas, Jr.

Print Name of Authorized Person Submitting Application

Harold A Deas

Original signature of Authorized Person (copies or stamps not accepted)

7/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 12113	✓ Processed 8/12/21

1052

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0741936

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State·

2500 MAIN ST - EXT STE #6 SAYREVILLE, NJ 08872-

Reg. No.
5004600

OSMOTICA PHARMACEUTICAL CORP
VERTICAL PHARMACEUTICAL LLC
2500 MAIN ST - EXT STE #6
SAYREVILLE, NJ 08872-

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 8/4/2021

Registration Number: 5004600 **Registered as:** Wholesale

Name: OSMOTICA PHARMACEUTICAL CORP

DBA: VERTICAL PHARMACEUTICAL LLC

Address: 2500 MAIN ST - EXT STE #6, SAYREVILLE, NJ 08872

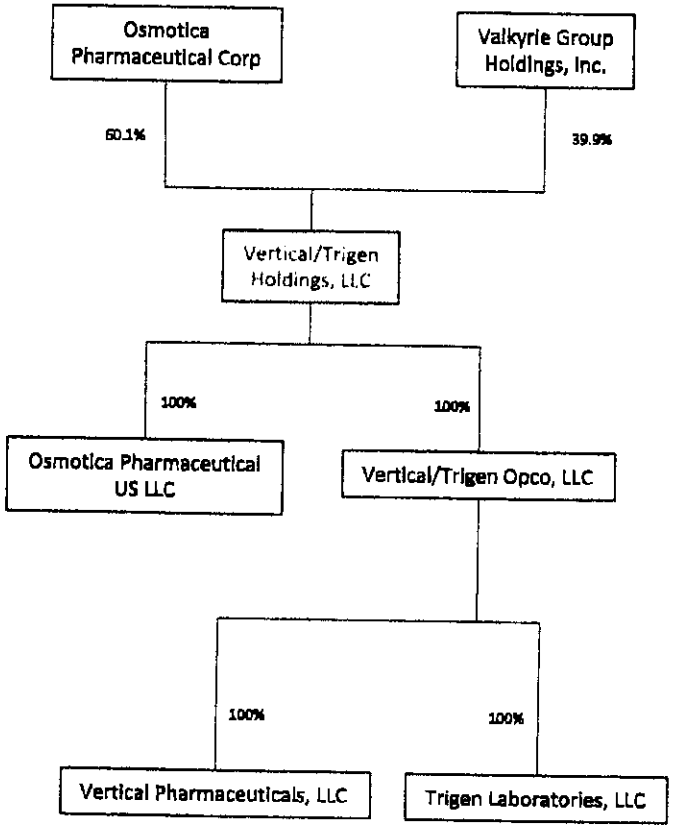
Original Issue Date: 01/15/2014 **Expiration Date:** 01/31/2022

Current Issue Date: 11/17/2020

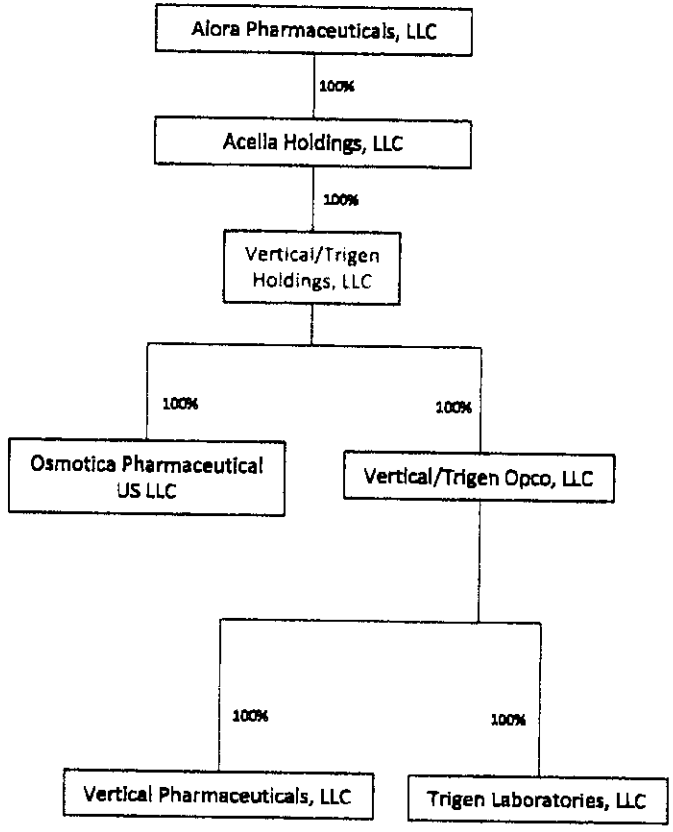
Disciplines: No

Vertical/Trigen Holdings, LLC
Corp Org Chart

Pre-Closing



Post-Closing



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERTICAL PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERTICAL PHARMACEUTICALS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2013.

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

Jeffrey W. Bullock, Secretary of State

5403351 8300

SR# 20210789102

Authentication: 202645259

Date: 03-03-21

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RV0466955	05-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	DISTRIBUTOR	04-13-2021

VERTICAL PHARMACEUTICALS, LLC
VERTICAL PHARMACEUTICALS, LLC
2500 MAIN ST EXTENSION
STE 6
SAYREVILLE, NJ 088721473

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RV0466955	05-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	DISTRIBUTOR	04-13-2021

VERTICAL PHARMACEUTICALS, LLC
VERTICAL PHARMACEUTICALS, LLC
2500 MAIN ST EXTENSION
STE 6
SAYREVILLE, NJ 088721473

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NABP ACCREDITED
DRUG DISTRIBUTOR

Vertical Pharmaceuticals, LLC

located at

2500 Main Street Extension, Suite 6, Sayreville, NJ 08872

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

1/19/2021 - 1/18/2024
Period of Accreditation

1057

VERTICAL
PHARMACEUTICALS, LLC

Employee list

Castro, Flavio
Fernandez, Gustavo
Lombardy, Daniel
Riccioni, Cassia

VERTIC

Ownership Information

Vertical/Trigen OPCO, LLC
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005

Owns 100% of Trigen Laboratories, LLC

Corporate Officers

Harold A. Deas, President, Secretary, Treasurer
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005
Ownership: 0%

Chris Schwab, Assistant Secretary
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005
Ownership: 0%

Manufacturing and Product Information

Vertical Pharmaceuticals, LLC distributes its own products from their facilities located at:

2500 Main Street Extension, Suite 6,
Sayreville, NJ 08872

Vertical Pharmaceuticals, LLC uses the following contract manufacturer to produce our products:

Osmotica Pharmaceutical US LLC
895 Sawyer Road
Marietta, GA 30062
FDA Establishment No. 3009078927

Contact: Heather Jones
Contact Number: (770) 509-5954
Email: hjones@osmotica.com

Osmotica Pharmaceuticals US LLC in Georgia manufactures Vertical Pharmaceuticals, LLC product and packages finished goods. At no time does Osmotica own the product, contract with Vertical Pharmaceuticals, LLC customers, invoice or sell an Vertical Pharmaceuticals, LLC product.

Our hours of operation are 8:00 a.m. – 5:00 p.m. EST, Monday through Friday.

Product Information:

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
ConZip	68025-672-30	200 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA022370	Vertical Pharmaceuticals LLC	68025-672	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/31/2011	NA	NDA	30 CAPSULE, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (68025-672-30)
ConZip	68025-671-30	100 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA022370	Vertical Pharmaceuticals LLC	68025-671	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/31/2011	NA	NDA	30 CAPSULE, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (68025-671-30)
ConZip	68025-673-30	300 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA022370	Vertical Pharmaceuticals LLC	68025-673	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/31/2011	NA	NDA	30 CAPSULE, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (68025-673-30)
DIVIGEL	68025-066-30	5 mg/ 5g	GEL	TOPICAL	NDA022030	Vertical Pharmaceuticals LLC	68025-066	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014	NA	NDA	30 PACKET in 1 CARTON (68025-066-30) > 5 g in 1 PACKET
DIVIGEL	68025-067-07	1 mg/g	GEL	TOPICAL	NDA022030	Vertical Pharmaceuticals LLC	68025-067	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014	NA	NDA	7 PACKET in 1 CARTON (68025-067-07) > 1 g in 1 PACKET
DIVIGEL	68025-065-07	25 mg/ 25g	GEL	TOPICAL	NDA022030	Vertical Pharmaceuticals LLC	68025-065	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014	NA	NDA	7 PACKET in 1 CARTON (68025-065-07) > 25 g in 1 PACKET
DIVIGEL	68025-067-30	1 mg/g	GEL	TOPICAL	NDA022030	Vertical Pharmaceuticals LLC	68025-067	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014	NA	NDA	30 PACKET in 1 CARTON (68025-067-30) > 1 g in 1 PACKET
DIVIGEL	68025-066-07	5 mg/ 5g	GEL	TOPICAL	NDA022030	Vertical Pharmaceuticals LLC	68025-066	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014	NA	NDA	7 PACKET in 1 CARTON (68025-066-07) > 5 g in 1 PACKET
DIVIGEL	68025-065-30	25 mg/ 25g	GEL	TOPICAL	NDA022030	Vertical Pharmaceuticals LLC	68025-065	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014	NA	NDA	30 PACKET in 1 CARTON (68025-065-30) > 25 g in 1 PACKET
DIVIGEL	68025-083-30	75 mg/ 75g	GEL	TOPICAL	NDA022030	Vertical Pharmaceuticals LLC	68025-083	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	01/15/2019	NA	NDA	30 PACKET in 1 CARTON (68025-083-30) > 75 g in 1 PACKET
DIVIGEL	68025-083-07	75 mg/ 75g	GEL	TOPICAL	NDA022030	Vertical Pharmaceuticals LLC	68025-083	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	01/15/2019	NA	NDA	7 PACKET in 1 CARTON (68025-083-07) > 75 g in 1 PACKET

Lorzone	68025-047-10	750 mg/1	TABLET	ORAL	ANDA040661	Vertical Pharmaceuticals Inc	68025-047	chlorzoxazone	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG	10/01/2011	N/A	ANDA	100 TABLET in 1 BOTTLE, PLASTIC (68025-047-10)
Lorzone	68025-046-10	375 mg/1	TABLET	ORAL	ANDA040661	Vertical Pharmaceuticals Inc	68025-046	chlorzoxazone	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG	10/01/2011	N/A	ANDA	100 TABLET in 1 BOTTLE, PLASTIC (68025-046-10)
Lorzone	68025-047-02	750 mg/1	TABLET	ORAL	ANDA040661	Vertical Pharmaceuticals Inc	68025-047	chlorzoxazone	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG	10/01/2011	N/A	ANDA	2 POUCH in 1 BOX, UNIT-DOSE (68025-047-02) > 1 TABLET in 1 POUCH (68025-047-01)
Osmolex ER	68025-076-90	193 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals LLC	68025-076	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	06/01/2018	N/A	NDA	90 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-076-90)
Osmolex ER	68025-077-90	258 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals LLC	68025-077	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	06/01/2018	N/A	NDA	90 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-077-90)
Osmolex ER	68025-074-82		KIT		NDA209410	Vertical Pharmaceuticals LLC	68025-074	amantadine		HUMAN PRESCRIPTION DRUG	06/01/2018	N/A	NDA	1 KIT in 1 CARTON (68025-074-82) > 30 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-075-30) > 30 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-076-30)
Osmolex ER	68025-077-30	258 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals LLC	68025-077	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	06/01/2018	N/A	NDA	30 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-077-30)
Osmolex ER	68025-075-90	129 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals LLC	68025-075	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	06/01/2018	N/A	NDA	90 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-075-90)
Osmolex ER	68025-075-30	129 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals LLC	68025-075	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	06/01/2018	N/A	NDA	30 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-075-30)
Osmolex ER	68025-076-30	193 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals LLC	68025-076	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	06/01/2018	N/A	NDA	30 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-076-30)
RELEXXII	68025-084-10	72 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Vertical Pharmaceuticals LLC	68025-084	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/08/2018	N/A	ANDA	100 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-084-10)
RELEXXII	68025-084-30	72 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Vertical Pharmaceuticals LLC	68025-084	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/08/2018	N/A	ANDA	30 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-084-30)
Venlafaxine Hydrochloride	68025-079-90	37.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals LLC	68025-079	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2019	N/A	NDA AUTHORIZED GENERIC	90 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-079-90)
Venlafaxine Hydrochloride	68025-080-90	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals LLC	68025-080	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2019	N/A	NDA AUTHORIZED GENERIC	90 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-080-90)
Venlafaxine Hydrochloride	68025-081-30	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals LLC	68025-081	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2019	N/A	NDA AUTHORIZED GENERIC	30 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-081-30)
Venlafaxine Hydrochloride	68025-082-90	225 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals LLC	68025-082	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2019	N/A	NDA AUTHORIZED GENERIC	90 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-082-90)
Venlafaxine Hydrochloride	68025-082-30	225 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals LLC	68025-082	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2019	N/A	NDA AUTHORIZED GENERIC	30 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-082-30)
Venlafaxine Hydrochloride	68025-079-30	37.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals LLC	68025-079	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2019	N/A	NDA AUTHORIZED GENERIC	30 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-079-30)
Venlafaxine Hydrochloride	68025-081-90	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals LLC	68025-081	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2019	N/A	NDA AUTHORIZED GENERIC	90 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-081-90)
Venlafaxine Hydrochloride	68025-080-30	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals LLC	68025-080	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2019	N/A	NDA AUTHORIZED GENERIC	30 TABLET, EXTENDED RELEASE in 1 BOTTLE (68025-080-30)

National Drug Code Directory

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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
ConZip	68025-071-30	100 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA022370	Vertical Pharmaceuticals, LLC	68025-071	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
ConZip	68025-072-30	200 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA022370	Vertical Pharmaceuticals, LLC	68025-072	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
ConZip	68025-073-30	300 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA022370	Vertical Pharmaceuticals, LLC	68025-073	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
DIVIGEL	68025-066-30	.5 mg/.5g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-066	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG
DIVIGEL	68025-067-07	1 mg/g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-067	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG
DIVIGEL	68025-065-30	.25 mg/.25g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-065	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG
DIVIGEL	68025-066-07	.5 mg/.5g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-066	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG
DIVIGEL	68025-065-07	.25 mg/.25g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-065	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG
DIVIGEL	68025-067-30	1 mg/g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-067	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG
DIVIGEL	68025-083-07	.75 mg/.75g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-083	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG
DIVIGEL	68025-083-30	.75 mg/.75g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-063	estradiol	ESTRADIOL	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
DIVIGEL	68025-086-07	1.25 mg/1.25g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-086	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG
DIVIGEL	68025-086-30	1.25 mg/1.25g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-086	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG
Lorzone	68025-047-10	750 mg/1	TABLET	ORAL	ANDA040861	Vertical Pharmaceuticals, Inc.	68025-047	chlorzoxazone	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG
Lorzone	68025-046-10	375 mg/1	TABLET	ORAL	ANDA040861	Vertical Pharmaceuticals, Inc.	68025-046	chlorzoxazone	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG
Lorzone	68025-047-02	750 mg/1	TABLET	ORAL	ANDA040861	Vertical Pharmaceuticals, Inc.	68025-047	chlorzoxazone	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG
Osmolex ER	68025-076-90	193 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-076	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG
Osmolex ER	68025-075-90	129 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-075	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG
Osmolex ER	68025-077-90	258 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-077	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG
Osmolex ER	68025-076-30	193 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-076	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG
Osmolex ER	68025-074-62		KIT		NDA209410	Vertical Pharmaceuticals, LLC	68025-074	amantadine		HUMAN PRESCRIPTION DRUG
Osmolex ER	68025-075-30	129 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-075	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG
Osmolex ER	68025-077-30	258 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-077	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG
RELEXXII	68025-084-10	72 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Vertical Pharmaceuticals, LLC	68025-084	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
RELEXXII	68025-084-30	72 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Vertical Pharmaceuticals, LLC	68025-084	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Venlafaxine Hydrochloride	68025-082-30	225 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-082	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Venlafaxine Hydrochloride	68025-079-30	37.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-079	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Venlafaxine Hydrochloride	68025-081-90	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-081	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Venlafaxine Hydrochloride	68025-079-90	37.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-079	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	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
Venlafaxine Hydrochloride	68025-080-30	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-080	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Venlafaxine Hydrochloride	68025-080-90	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-080	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Venlafaxine Hydrochloride	68025-081-30	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-081	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Venlafaxine Hydrochloride	68025-082-90	225 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-082	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

Showing 1 to 33 of 33 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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Vertical Pharmaceuticals, LLC

Physical Address 2500 Main Street Extension, Suite 6

City Sayreville State NJ Zip 08872

Mailing Address (if different from physical address) 895 Sawyer Road

City Marietta State GA Zip 30062

Telephone (908) 809-1300 Website https://www.verticalpharma.com/

Licensing Company Email verticalstatelicense@osmotica.com

Section 2: Personal Information

First Daniel Middle _____ Last Lombardy

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Main Street Extension, Suite [redacted]

City Sayreville State NJ Zip 08807

Telephone [redacted] Email dlombardy@osmotica.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials DFL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Georgian Court University		09/2008 to 12/2011	
Address	**City**	**State**	**Zip**
900 Lakewood Ave.	Lakewood	New	08701
Diploma/Degree obtained, if any			
Master of Science in Biology			
School Name		From - To (MM/YY – MM/YY)	
University of Delaware		09/2002 to 05/2006	
Address	**City**	**State**	**Zip**
210 South College Ave	Newark	DE	19716
Diploma/Degree obtained, if any			
Bachelor of Arts and Sciences in Biological Sciences			
School Name		From - To (MM/YY – MM/YY)	
Middletown High School South		09/1998 to 06/2002	
Address	**City**	**State**	**Zip**
900 Nutswamp Rd	Middletown Township	NJ	07748
Diploma/Degree obtained, if any			
H.S. Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/1/2015 - Present	[redacted]Sharon Drive	Ocean	NJ	07712
From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/1/2013 -	[redacted]Bonnie Drive	Middletown	NJ	07748
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DFL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Vertical Pharmaceuticals, LLC			June 2018 - Present	
Business Address		City	State	Zip
2500 Main Street Extension, Suite 6		Sayreville	NJ	08872
Phone	Title		Number of Employed Hours	
908-809-1300	QA Manager		about 6,400	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials DFC

I, Daniel Lombardy, **certify that as the designated representative for**

Vertical Pharmaceuticals, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Daniel Lombardy

Print Name (First, Last)

Daniel Lombardy

Original Signature (electronic, copies or stamps not accepted)

26JUL21

Date

Applicant's initials DFL

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.

Daniel Lombardy
Print Name (First, Last)

Daniel Lombardy
Original Signature (electronic, copies or stamps not accepted)

26 JUL 21
Date

Please have this section completed in the presence of a Notary Public.

State of NJ, ss. County of Mercer

I, Benjamin [illegible], being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[signature]
Original Signature

26 JUL 21
Date

Subscribed and Sworn to before me this 26 day of July.

[signature]
Notary Public Signature

(Seal)

Applicant's initials DFL

Daniel Lombardy

[redacted]Sharon Drive, Ocean, NJ [redacted]

SUMMARY

Quality Assurance Manager with extensive experience reviewing technical documents and writing annual product reviews for Pharmaceutical companies. Successful track record of conducting deviation analysis and investigating, resolving customer inquiries, and providing quality oversight of contract manufacturing activities. Creative and multi-disciplined researcher with strong testing, data assessment skills and a knowledge of regulatory requirements.

PROFESSIONAL EXPERIENCE

RVL Pharmaceuticals Sayreville, NJ 6/2020 - Present

Supplies branded prescriptions, specializing in ophthalmologics.

Quality Assurance Manager

Perform day to day technical activities in a Distribution Center environment supporting CMO for drug product manufacturing, process changes, trouble shooting and improvements. Ensure compliance by using my robust understanding of applicable regulations, standards, and applicable company policies and procedures. Performs quality related activities of diverse scope, makes decisions and implements those actions in partnership with other departments at the site.

- Perform documentation review (i.e. batch manufacturing and/or packaging records, Certificate of Compliance, Certificate of Analysis, etc.) with high attention to detail using working knowledge of quality concepts and internal procedures. Based on review, perform product release and disposition within company ERP system.
- Initiate, write, drive/lead deviations and investigations to ensure that all critical and major quality issues are thoroughly addressed and documented with appropriate associated CAPA.
- Participate in Change Control activities affecting procedures, processes and systems.
- Receive product quality complaints and perform activities to lead to closure and customer satisfaction.
- Write, review, and approve standard operating procedure (SOPs) and other applicable operation related GMP documents.
- Support and participate in trending of quality measures, CAPA plans, and annual reports.
- Escalate potential issues and concerns immediately to QA Management.
- Participate and assist in the GMP auditing program for internal and external audits including FDA and DEA.
- Support the development, improvement and maintenance of Quality Systems including procedure development, process mapping in collaboration with other technical and business areas.
- Guide, develop and train others in areas of subject matter expertise.
- Follow and complete training according to the assigned training curricula. Execute and perform those activities that have been trained.
- Accomplish quality and organization goals by completing related activities as assigned, thoroughly and in a timely manner.

Vertical Pharmaceuticals Sayreville, NJ 6/2018 - Present

Supplies branded prescription and over-the-counter products, specializing in neuroscience and women's health.

Quality Assurance Manager

Perform day to day technical activities in a Distribution Center environment supporting CMO/CPO for dietary supplements and drug product manufacturing, process changes, trouble shooting and improvements. ensure compliance by using my robust understanding of applicable regulations, standards, and applicable company policies and procedures. Performs quality related activities of diverse scope, makes decisions and implements those actions in partnership with other departments at the site.

- Perform documentation review (i.e. batch manufacturing and/or packaging records, Certificate of Compliance, Certificate of Analysis, etc.) with high attention to detail using working knowledge of quality

concepts and internal procedures. Based on review, perform product release and disposition within company ERP system.
- Initiate, write, drive/lead deviations and investigations to ensure that all critical and major quality issues are thoroughly addressed and documented with appropriate associated CAPA.
- Participate in Change Control activities affecting procedures, processes and systems.
- Receive product quality complaints and perform activities to lead to closure and customer satisfaction.
- Write, review, and approve standard operating procedure (SOPs) and other applicable operation related GMP documents.
- Support and participate in trending of quality measures, CAPA plans, and annual reports.
- Escalate potential issues and concerns immediately to QA Management.
- Participate and assist in the GMP auditing program for internal and external audits including FDA, DEA, and FL-DBPR.
- Support the development, improvement and maintenance of Quality Systems including procedure development, process mapping in collaboration with other technical and business areas.
- Guide, develop and train others in areas of subject matter expertise.
- Follow and complete training according to the assigned training curricula. Execute and perform those activities that have been trained.
- Accomplish quality and organization goals by completing related activities as assigned, thoroughly and in a timely manner.

AMICUS THERAPEUTICS Cranbury, NJ 6/2017-12/2017

Uses biotechnology to advance therapies for the treatment of devastating rare and orphan diseases.

Quality Assurance Specialist

Ensure compliance to applicable regulations for drug programs from development activities through process validation including support of launch activities. Provide quality oversight support of CMC activities including manufacturing scale-up, method and process development, process validation, feasibility and engineering studies, and stability programs.

- Provide Quality review of documentation including batch records, C of As, deviations, CAPA, change controls, OOS investigations, and stability data
- Conduct batch record review for drug product according to Amicus disposition procedures and coordinate with the CMOs on resolution of comments
- Evaluate any gap assessments, audit reports, and mock inspection activities to ensure CAPAs are effective and implemented according to schedule
- Review of analytical methods, validation protocols, and manufacturing scale-up and validation activities
- Ensure suppliers meet expectations for deviations, OOS, CAPA and product disposition per the Quality Technical Agreement
- Provide onsite CMO oversight of Amicus product manufacturing
- Support the maintenance of Amicus databases for tracking of various quality data related to audits, deviations, change controls, and batch disposition as needed

RENAISSANCE Lakewood, NJ 9/2014-02/2017

Develops and manufactures a broad range of sterile and/or environmentally controlled products.

Quality Systems Specialist

Responsible for writing annual product reviews and reviewing technical documents. Conducted investigations to identify the root causes of deviations and recommend corrective actions.

- Reviewed and closed corrective actions, preventive actions and effectiveness checks in a timely manner ensuring that all identified root causes were properly resolved
- Analyzed customer complaints to determine if concerns related to a product defect were valid and identified associated root causes

- Collected manufacturing, lab, testing and quality information data for nasal ophthalmic, otic, topical and patch products and wrote annual product reviews
- Audited calibration certificates and sustainability records to ensure completeness and alignment with Good Documentation Practices
- Created and revised new SOPs and protocols establishing more effective work flows and consistent application by staff
- Reviewed and approved validation documents to certify lab, manufacturing and support instruments were within specification
- Sampled and inspected materials to confirm that product incoming and released product specifications were met
- Served as respirator trainer for MUSE employees

MEDA PHARMACEUTICAL Lakewood, NJ 2006-2014

Meda Pharmaceutical was the US subsidiary of Meda AB, a global specialty pharmaceutical company.

Quality Assurance Specialist (01/2014-08/2014)

Responsible for writing annual product reviews and ensuring compliance in artwork and labeling.

- Served as a Subject Matter Expert for the Quality and Manufacturing Departments and peers to resolve QA issues
- Tracked key quality projects for closure while maintaining coordination among departments
- Assisted in internal and external audits of manufacturing areas and wrote reports noting observations and/or comments from the external auditor
- Prepared and finalized labeling and artwork proofs on MUSE and other MEDA products
- Updated label specifications by coordinating the approval of multiple packaging component types and by using new graphics and/or languages to meet regulatory requirements
- Facilitated the preparation of the Site Master File to provide a quick overview of site operations
- Worked cross-functionally across various MEDA departments with various company sites and CMOs
- Served as a quality resource for various projects including new equipment introduction
- Sampled and tested water during the production of MUSE to conduct environmental monitoring and chemistry testing

Senior Manufacturing Chemist (10/2006-12/2013)

Promoted to co-lead a team responsible for the manufacturing of lead product MUSE which is the only FDA approved noninjectable therapy for ED. Managed production in an exclusive, clean FDA and MHRA regulated environment.

EDUCATION

Master of Science in Biology, Georgian Court University, Lakewood, NJ, Member of Biological Honor Society - BBB, GPA 3.7

Bachelor of Arts and Sciences in Biological Sciences, University of Delaware, Newark, Delaware, Minor in Chemistry, Dean's List, GPA 3.3

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. A543175 issued by The Hanover Insurance Company dated this 30 day of January , 2015, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Vertical Pharmaceuticals, LLC (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 20 day of January , 2020, 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 September 28, 2020 **The Hanover Insurance Company**

BY: Wendy Lee Watkins
Wendy Lee Watkins
Attorney-in-Fact

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Wendy Lee Wadkins, Christopher F. Mulvaney, Charles N. Parsons, Vincent J. Mancini and/or Pablo Rios, Jr.

Of **Willis of Pennsylvania, Inc. of Radnor, PA** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Twenty Five Million and No/100 ($25,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 14th day of **February, 2018**.

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John C. Roche, EVP and President

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this 14th day of **February, 2018** before me came the above named Vice Presidents of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

DIANE J. MARINO
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires March 4, 2022

Diane J. Marino, Notary Public
My Commission Expires March 4, 2022

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 28thday of September 2020

CERTIFIED COPY

Theodore G. Martinez, Vice President

Willis Towers Watson

Memo

To: Mr. Chris Klein, Osmotica Pharmaceuticals
Tracking #1ZW28V760192716796
From: Wendy Lee Wadkins
Senior Client Manager-Surety

Direct Line: 610-254-5647

Date: September 29, 2020

Subject: Pharmaceutical Drug Facility Surety Bonds #A460846 and A543175
Nevada State Board of Pharmacy
Trigen Laboratories and Vertical Pharmaceuticals

Dear Chris:

As per Heather's request, enclosed please find the Verification Certificates issued for the above catpioned bonds. Please forward same to the Nevada State Board of Pharmacy.

Should you have any questions, or require anything further, please feel free to contact me at 610-254-5647 or wendy.wadkins@willistowerswatson.com.

Thanks!

Sincerely,

Wendy Lee Wadkins, CISR
Senior Client Manager-Surety

Encl.

cc: Ms. Nicole Beck, The Hanover Insurance Company

Wendy Lee Wadkins
Sr Client Manager, Construction - Surety
Willis of Pennsylvania, Inc.
100 Matsonford Road, Bldg 5 Ste 200
Radnor, PA 19087

D (610) 254 5647
M (215) 499 8068
wendy.wadkins@willistowerswatson.com
willistowerswatson.com

UPS CampusShip: View/Print Label

1. **Ensure there are no other shipping or tracking labels attached to your package.** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.

2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. **GETTING YOUR SHIPMENT TO UPS**
   Customers with a Daily Pickup
   Your driver will pickup your shipment(s) as usual.

   Customers without a Daily Pickup
   Take your package to any location of The UPS Store®, UPS Access Point(TM) location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.
   Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
   Hand the package to any UPS driver in your area.

UPS Access Point™
THE UPS STORE
303 W LANCASTER AVE
WAYNE ,PA 19087

UPS Access Point™
CVS STORE # 6902
1218 E LANCASTER AVE
BRYN MAWR ,PA 19010

UPS Access Point™
CVS STORE # 10896
629 W LANCASTER AVE
WAYNE ,PA 19087

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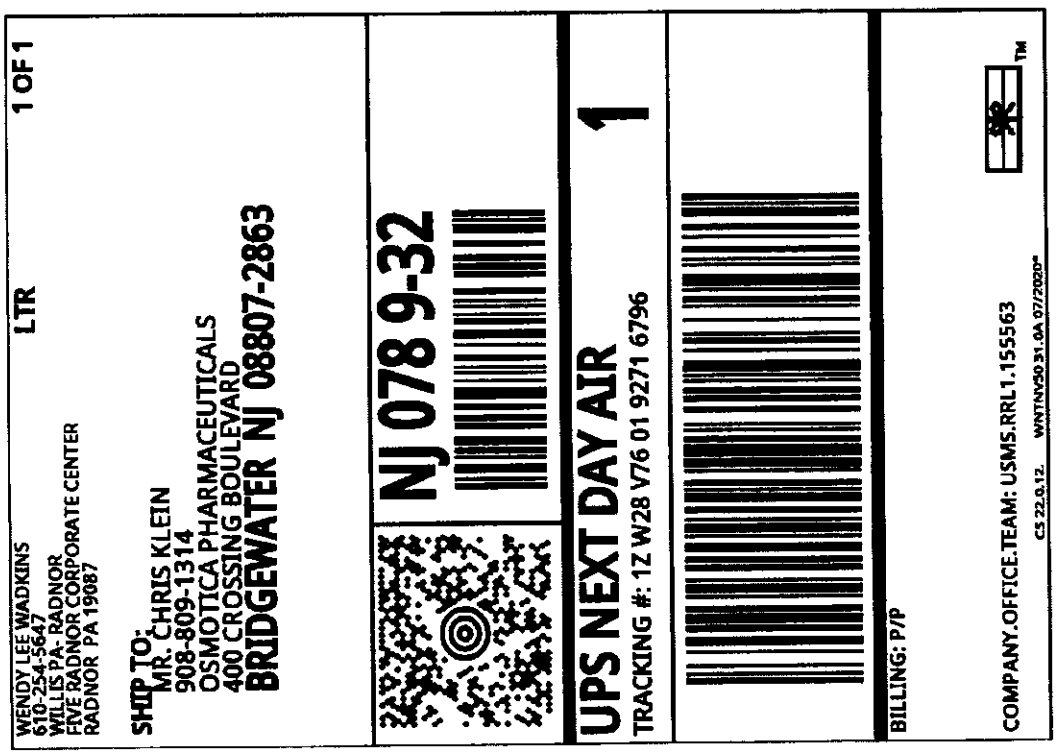

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. BLYA543175

Application/License No. WH01827

Vertical Pharmaceuticals, LLC,
Applicant/Principal
doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is

2500 Main Street Suite #6 Sayreville, NJ 08872, as
Address of Applicant/Principal

PRINCIPAL, and The Hanover Insurance Company, a corporation organized under the laws of the
Surety Company
state of New Hampshire and authorized to transact a general surety business in the State of Nevada,
State of Incorporation

whose address for purposes of service is 440 Lincoln St Worcester, MA 01653 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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, 2015.
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 January, 20 15.

Vertical Pharmaceuticals, LLC

APPLICANT/PRINCIPAL

Authorized Representative

The Hanover Insurance Company

SURETY COMPANY

Surety Company's Representative

Peter Gudzak AIF, 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

VERTICAL
PHARMACEUTICALS

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509

RE: Great Grandparent Ownership Change – Vertical Pharmaceuticals, LLC

To Whom It May Concern,

On behalf of Vertical Pharmaceuticals, LLC, please find the great-grandparent level change of ownership application for Vertical Pharmaceuticals, LLC ("Vertical").
A Purchase and Sales Agreement was entered into and signed by both seller and purchaser on June 25, 2021. It is estimated that the closing date for the transaction will be mid-August 2021.

At the time of the closing, Alora Pharmaceuticals, LLC, through its wholly-owned subsidiary Acella Holdings, LLC, will acquire from Osmotica Pharmaceuticals plc, One Hundred Percent (100%) of the stock of Vertical/Trigen Holdings, LLC. Vertical/Trigen Holdings, LLC is the grandparent company Vertical Pharmaceuticals, LLC.

Vertical currently holds the following licenses in your state:

Vertical Pharmaceuticals, LLC	Wholesaler	WH01827

Following the closing, Vertical will continue operations with no changes to the company names, site addresses or tax IDs. Please find the Purchase and Sale Agreement along with the pre- and post-closing company organizational chart attached.

Please feel free to contact me in case of any clarification or questions at Stacie.borngrebe@twolabs.com or (614) 370-2801

Sincerely yours,

Stacie Borngrebe
Director, Quality
Pharma Services
TwoLabs
PHARMA SERVICES

RECEIVED
AUG 4 2021
NEVADA STATE BOARD
OF PHARMACY

4DD

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Jazz Pharmaceuticals, Inc.

Physical Address: 3170 Porter Drive,

City: Palo Alto State: CA Zip: 94304

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 650-496-3777 Website: www.jazzpharma.com

Name of Designated Representative (DR): Reggie Thornson

Licensing Company Email: susan.leveille@jazzpharma.com DR Email: reggie.thornson@jazzpharma.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 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?		✓
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)?		✓

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 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Neena Patil

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7·6·21

Date

Board Use Only	Date Received: _____	Amount: $500 (CC)

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Attached 3PL info

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Jazz Pharmaceuticals plc

Corporation Name: Jazz Pharmaceuticals, Inc.

Mailing Address: 3170 Porter Drive

City: Palo Alto State: CA Zip: 94304

Telephone: 650-496-3777 Email: susan.leveille@jazzpharma.com

Contact Person Name: Susan Leveille

Date of SEC Registration: May 31, 2007 | SEC Registration Number: 0001232524 | Stock Exchange Symbol: JAZZ

Section 5: Non-Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any): NA

Corporation Name: NA

Mailing Address: NA

City: NA State: _____ Zip: _____

Telephone: NA Email: _____

Contact Person Name: NA

Section 6: Partnership

Partnership Name: NA

Mailing Address: NA

City: NA State: _____ Zip: _____

Telephone: NA Email: _____

Contact Person Name: NA

Section 7: Sole Owner

Owner's Name: NA

Business Name: NA

Business Address: NA

City: NA State: _____ Zip: _____

Telephone: NA Email: _____

10008439 2/000240-1/1-0

1:2
227/656

SIEGFRIED USA, LLC
33 INDUSTRIAL PARK RD
PENNSVILLE, NJ 08070-3244

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
PS0097659	02-28-2022	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4	MANUF (BULK)	03-12-2021

SIEGFRIED USA, LLC
33 INDUSTRIAL PARK RD
PENNSVILLE, NJ 08070-3244

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
PS0097659	02-28-2022	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4	MANUF (BULK)	03-12-2021

SIEGFRIED USA, LLC
33 INDUSTRIAL PARK RD
PENNSVILLE, NJ 08070-3244

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
PS0097659	02-28-2022	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4	MANUF (BULK)	03-12-2021

SIEGFRIED USA, LLC
33 INDUSTRIAL PARK RD
PENNSVILLE, NJ 08070-3244

CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

1100, 1640, 1724, 2010, 2100, 2125, 2270, 2285, 2315, 8501, 9050, 9064, 9143, 9145, 9150, 9193, 9250, 9254, 9300, 9301, 9330, 9333, 9600, 9630, 9652, 9670, 9780

10000410.2/001305-1/1-0

1:4
246/525

PATHEON PHARMACEUTICALS INC
2110 E GALBRAITH RD
CINCINNATI, OH 45237-1625

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0296586	03-31-2022	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5,L1	MANUF (BULK)	05-12-2021

PATHEON PHARMACEUTICALS INC
2110 E GALBRAITH RD
CINCINNATI, OH 45237-1625

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0296586	03-31-2022	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5,L1	MANUF (BULK)	05-12-2021

PATHEON PHARMACEUTICALS INC
2110 E GALBRAITH RD
CINCINNATI, OH 45237-1625

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Description of Jazz Pharmaceuticals, Inc.

Jazz Pharmaceuticals, Inc. is a virtual manufacturer of prescription products and therefore, does not handle these products at any time either for physical manufacturing or distribution. However, it does maintain product ownership and is responsible for the oversight and sale of product.

Pursuant to 21CFR 1301.11, Jazz Pharmaceuticals, Inc. does not propose to engage in the manufacturing, distribution, importation, or exportation of controlled substances and, therefore, is exempt from federal registration.

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

Wholesale Drug Permit

LICENSE NO. WLS 7313
RECEIPT NO. 00170146

VALID UNTIL DECEMBER 01, 2021

JAZZ PHARMACEUTICALS INC
3170 PORTER DR
PALO ALTO CA 94304

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

11/24/20
11/24/20 The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHWLS (09/30/19) WLS

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JAZZ 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-EIGHTH DAY OF JANUARY, A.D. 2021.

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

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

Jeffrey W. Bullock, Secretary of State

3754957 8300

SR# 20210252351

Authentication: 202389798

Date: 01-28-21

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

Corporate Officer Information

Jazz Pharmaceuticals, Inc.

3170 Porter Drive
Palo Alto, CA 94304
FEIN: 05-0563787
Incorporated in the State of Delaware on January 20, 2004

Bruce C. Cozadd - Chairman and Chief Executive Officer
Business Address: 3170 Porter Drive, Palo Alto, CA 94304
Business Phone: 650 496 3777

Daniel Swisher - President and Chief Operating Officer
Business Address: 3170 Porter Drive, Palo Alto, CA 94304
Business Phone: 650 496 3777

Neena Patil – SVP, General Counsel
Business Address: 3170 Porter Drive, Palo Alto, CA 94304
Business Phone: 650 497 3777

Jazz Pharmaceuticals, Inc.

3170 Porter Drive
Palo Alto, CA 94304
FEIN: 05-0563787
Incorporated in the State of Delaware on January 20, 2004

Jazz Pharmaceuticals Europe Holdings, Ltd – 37%

Jazz Pharmaceuticals plc – 63%

Jazz Pharmaceuticals, Inc.
3PL Information

3PL	Address
Cardinal Health - Specialty Pharmaceutical Services	15 Ingram Boulevard, La Vergne, TN 37086
McKesson Specialty Distribution	4100 Quest Way, Memphis, TN 38115

Jazz Pharmaceuticals, Inc.- Employee listing

Action (Add, Inactive, Change - see notes section)	Company Name	Pharmaceutical Representative Legal First Name	Pharmaceutical Representative Legal Middle Name
Add	Jazz Pharmaceutical, Inc.	Lindsay	
Add	Jazz Pharmaceutical, Inc.	Mali	

Pharmaceutical Representative Legal Last Name	Contact Telephone Number (###-###-####)	Business Contact Email Address	Business Mailing Address
Geogegan	860-705-3579	Lindsay.Geoghegan@jazzpharma.com	3170 Porter Drive
Einen	650-665-1274	Mali.Einen@jazzpharma.com	3170 Porter Drive

Business Mailing City	Business Mailing State	Business Mailing Zip Code	Status (Active or Inactive)	Date Active (MM/DD/YYYY)	Date Inactive (MM/DD/YYYY)
Palo Alto	CA	94304	Active	7/22/2021	
Palo Alto	CA	94304	Active	7/22/2021	

State Issued Pharmaceutical Registry ID	Notes (only as needed)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-Q

(Mark One)

☒ **Quarterly report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**

For the quarterly period ended March 31, 2021

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: 001-33500

JAZZ PHARMACEUTICALS PUBLIC LIMITED COMPANY

(Exact name of registrant as specified in its charter)

Ireland	**98-1032470**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

Fifth Floor, Waterloo Exchange,
Waterloo Road, Dublin 4, Ireland D04 E5W7
011-353-1-634-7800
(Address, including zip code, and telephone number, including area code, of registrant's principal executive offices)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Ordinary shares, nominal value $0.0001 per share	JAZZ	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T 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. ☐

U.S. Securities and Exchange Commission

Filing Detail

Search the Next-Generation EDGAR System

SEC Home » Search the Next-Generation EDGAR System » Company Search » *Current Page*

Form 10-K *- Annual report [Section 13 and 15(d), not S-K Item 405]:*

SEC Accession No. 0001232524-21-000016

Filing Date
2021-02-23

Period of Report
2020-12-31

Accepted
2021-02-23 16:48:25

Documents
139

Interactive Data

Document Format Files

Seq	Description	Document	Type	Size
1	10-K	jazz-20201231.htm iXBRL	10-K	3718851
2	DESCRIPTION OF SHARE CAPITAL	jazzq42020ex47.htm	EX-4.7	101845
3	MANUFACTURING SERVICES AGREEMENT	jazzq42020ex108.htm	EX-10.8	490470
4	AMENDED AND RESTATED LICENSE AGREEMENT	jazzq42020ex1012.htm	EX-10.12	762966
5	CASH BONUS PLAN U.S.	jazzq42020ex1033c.htm	EX-10.33C	46512
6	CASH BONUS PLAN (IRELAND AND OTHER)	jazzq42020ex1033d.htm	EX-10.33D	52050
7	LIST OF SUBSIDIARIES	jazzq42020ex211.htm	EX-21.1	7660
8	CONSENT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM	jazzq42020ex231.htm	EX-23.1	3741
9	CERTIFICATION OF CEO PURSUANT TO RULES 13A-14(A) AND 15D-14(A)	jazzq42020ex311.htm	EX-31.1	10381
10	CERTIFICATION OF CFO PURSUANT TO RULES 13A-14(A) AND 15D-14(A)	jazzq42020ex312.htm	EX-31.2	10378
11	CERTIFICATIONS OF CEO AND CFO PURSUANT TO 18 U.S.C. SECTION 1350	jazzq42020ex321.htm	EX-32.1	7089
17	GRAPHIC	jazz-20201231_g1.jpg	GRAPHIC	24962
18	GRAPHIC	image_01.jpg	GRAPHIC	237170
19	GRAPHIC	image_51.jpg	GRAPHIC	4173
	Complete submission text file	0001232524-21-000016.txt		17696863

Data Files

Seq	Description	Document	Type	Size
12	XBRL TAXONOMY EXTENSION SCHEMA DOCUMENT	jazz-20201231.xsd	EX-101.SCH	101061
13	XBRL TAXONOMY EXTENSION CALCULATION LINKBASE DOCUMENT	jazz-20201231_cal.xml	EX-101.CAL	187515
14	XBRL TAXONOMY EXTENSION DEFINITION LINKBASE DOCUMENT	jazz-20201231_def.xml	EX-101.DEF	540391
15	XBRL TAXONOMY EXTENSION LABEL LINKBASE DOCUMENT	jazz-20201231_lab.xml	EX-101.LAB	1208860
16	XBRL TAXONOMY EXTENSION PRESENTATION LINKBASE DOCUMENT	jazz-20201231_pre.xml	EX-101.PRE	838387
20	**EXTRACTED** XBRL INSTANCE DOCUMENT	jazz-20201231_htm.xml	XML	2725688

Jazz Pharmaceuticals plc (Filer) CIK: 0001232524 (see all company filings)

IRS No.: **981032470** | State of Incorp.: **L2** | Fiscal Year End: **1231**
Type: **10-K** | Act: **34** | File No.: **001-33500** | Film No.: **21666360**
SIC: **2834** Pharmaceutical Preparations
Office of Life Sciences

Business Address
FIFTH FLOOR, WATERLOO EXCHANGE
WATERLOO ROAD
DUBLIN L2 4
353-1-634-7800

Mailing Address
FIFTH FLOOR, WATERLOO EXCHANGE
WATERLOO ROAD
DUBLIN L2 4

Jazz Pharmaceuticals, Inc.
Contract Manufacturers

Product	Manufacturer	Address	FDA registration number
Xyrem/Xywav	Patheon Pharmaceuticals, Inc.	2110 E. Galbraith Road,Cincinnati, OH 45237,USA	3010319651
Defitelio	Patheon Pharmaceuticals, Inc.	2 Trav SX Via Morolense 503013, Ferentino,	3004110157
Vyxeos	Baxter Germany	Baxter Oncology GmBH, Kantstr 2 33790, Halle, Germany	3002806419
Sunosi	Siegfried Malta Limited	HHF070 Hal Far Industrial Estate, BBG 3000 Hal Far, Malta	30072566714
Zepzelca	Baxter Germany	Baxter Oncology GmBH, Kantstr 2 33790, Halle, Germany	3002806419

Jazz Pharmaceuticals, Inc.
Contract Manufacturers

Product	Manufacturer	Address	FDA registration number
Xyrem/Xywav	Patheon Pharmaceuticals, Inc.	2110 E. Galbraith Road,Cincinnati, OH 45237,USA	3010319651
Defitelio	Patheon Pharmaceuticals, Inc.	2 Trav SX Via Morolense 503013, Ferentino,	3004110157
Vyxeos	Baxter Germany	Baxter Oncology GmBH, Kantstr 2 33790, Halle, Germany	3002806419
Sunosi	Siegfried Malta Limited	HHF070 Hal Far Industrial Estate, BBG 3000 Hal Far, Malta	30072566714
Zepzelca	Baxter Germany	Baxter Oncology GmBH, Kantstr 2 33790, Halle, Germany	3002806419

1104

Firm Name	FDA Establishment Identifier	Business Operations	Address	Expiration Date
Jazz Pharmaceuticals Ireland Limited	3012774443	MANUFACTURE;	5th Floor, Waterloo Exchange, Waterloo Road, Dublin 4, D04 E5W7, Ireland (IRL)	12/31/2021

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through February 23, 2021

You have searched Finished drug products

Search Results: '68727'

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
DEFITELIO	68727-800-02	80 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA208114	Jazz Pharmaceuticals, Inc.	68727-800	defibrotide sodium	DEFIBROTIDE SODIUM	HUMAN PRESCRIPTION DRUG
DEFITELIO	68727-800-01	80 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA208114	Jazz Pharmaceuticals, Inc.	68727-800	defibrotide sodium	DEFIBROTIDE SODIUM	HUMAN PRESCRIPTION DRUG
SUNOSI	68727-350-01	75 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-350	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG
SUNOSI	68727-350-02	75 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-350	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG
SUNOSI	68727-350-07	75 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-350	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG
SUNOSI	68727-350-10	75 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-350	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG
SUNOSI	68727-351-01	150 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-351	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTION DRUG
SUNOSI	68727-351-02	150 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-351	solriamfetol	SOLRIAMFETOL	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
SUNOSI	68727-351-07	150 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-351	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTIC DRUG
SUNOSI	68727-351-10	150 mg/1	TABLET, FILM COATED	ORAL	NDA211230	Jazz Pharmaceuticals, Inc.	68727-351	solriamfetol	SOLRIAMFETOL	HUMAN PRESCRIPTIC DRUG
VYXEOS	68727-745-02	100 mg/20mL, 44 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SUSPENSION	INTRAVENOUS	NDA209401	Jazz Pharmaceuticals, Inc.	68727-745	(daunorubicin and cytarabine) liposome	CYTARABINE; DAUNORUBICIN	HUMAN PRESCRIPTIC DRUG
VYXEOS	68727-745-05	100 mg/20mL, 44 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SUSPENSION	INTRAVENOUS	NDA209401	Jazz Pharmaceuticals, Inc.	68727-745	(daunorubicin and cytarabine) liposome	CYTARABINE; DAUNORUBICIN	HUMAN PRESCRIPTIC DRUG
VYXEOS	68727-745-01	100 mg/20mL, 44 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SUSPENSION	INTRAVENOUS	NDA209401	Jazz Pharmaceuticals, Inc.	68727-745	(daunorubicin and cytarabine) liposome	CYTARABINE; DAUNORUBICIN	HUMAN PRESCRIPTIC DRUG
Xyrem	68727-100-01	.5 g/mL	SOLUTION	ORAL	NDA021196	Jazz Pharmaceuticals, Inc.	68727-100	sodium oxybate	SODIUM OXYBATE	HUMAN PRESCRIPTIC DRUG
XYWAV	68727-150-01	.5 g/mL, .5 g/mL, .5 g/mL, .5 g/mL	SOLUTION	ORAL	NDA212690	Jazz Pharmaceuticals, Inc.	68727-150	(calcium, magnesium, potassium, and sodium oxybates)	SODIUM OXYBATE; CALCIUM OXYBATE; POTASSIUM OXYBATE; MAGNESIUM OXYBATE	HUMAN PRESCRIPTIC DRUG
ZEPZELCA	68727-712-01	.5 mg/mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA213702	Jazz Pharmaceuticals, Inc.	68727-712	Lurbinectedin	LURBINECTEDIN	HUMAN PRESCRIPTIC DRUG

Showing 1 to 16 of 16 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

1107

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

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National Drug Code Directory

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

Current through July 15, 2021

You have searched Finished drug products

Search Results: *'68727'*

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
DEFITELIO	68727-800-02	80 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA208114	Jazz Pharmaceuticals, Inc.	68727-800	defibrotide sodium	DEFIBROTIDE SODIUM	HUMAN PRESCRIPTION DRUG	03/30/2016	N/A	NDA	25 mL in 1 CARTON (68727-800-02)
DEFITELIO	68727-800-01	80 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA208114	Jazz Pharmaceuticals, Inc.	68727-800	defibrotide sodium	DEFIBROTIDE SODIUM	HUMAN PRESCRIPTION DRUG	03/30/2016	N/A	NDA	2.5 mL in 1 VIAL (68727-800-01)
Rylaze	68727-900-03	20 mg/mL	INJECTION	INTRAMUSCULAR	BLA761179	Jazz Pharmaceuticals, Inc.	68727-900	asparaginase erwinia chrysanthemi (recombinant)-rywn	ASPARAGINASE	HUMAN PRESCRIPTION DRUG	06/30/2021	N/A	BLA	3 VIAL, SINGLE-DOSE in 1 CARTON (68727-900-03) > .5 mL in 1 VIAL, SINGLE-DOSE (68727-900-01)

√verified
M.H 7/15/21

4EE

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Phathom Pharmaceuticals, Inc.

Physical Address: 100 Campus Drive, Suite 102

City: Florham Park State: NJ Zip: 07932

Mailing Address (if different from physical address): 100 Campus Drive, Suite 102

City: Florham Park State: NJ Zip: 07932

Telephone: 877-742-8466 Website: https://www.phathompharma.com/

Name of Designated Representative (DR): Lawrence Miller

Licensing Company Email: statelicensing@phathompharma.com DR Email: lmiller@phathompharma.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
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)?		x
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?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
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?		x
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)?		x

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 the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No suppliers sold, dispensed, or distributed w/in last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Phathom Pharmaceuticals, Inc.

Mailing Address: 100 Campus Drive, Suite 102

City: Florham Park State: NJ Zip: 07932

Telephone: 347-276-7462 Email: lmiller@phathompharma.com

Contact Person Name: Lawrence Miller

Date of SEC Registration: 10/24/2019 | SEC Registration Number: CIK: 0001783183 | Stock Exchange Symbol: PHAT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

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	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **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**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond 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.

Lawrence Miller

Print Name of Authorized Person Submitting Application

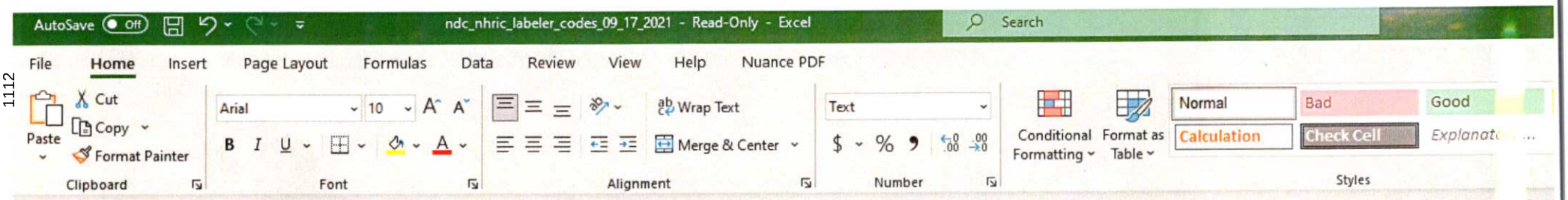
Original signature of Authorized Person (copies or stamps not accepted)

7-7-2024

Date

Processed 9/17/24

Board Use Only	Date Received: _____	Amount: 500 CHECK # 13884



A12563 | 81520

	A	B
1	NDC/NHRIC Labeler	Firm Name
12542	76130	KOB GmbH
12543	81782	ECOFORM LLC
12544	74607	Karlie Cosmetics Manufacturing Co.,Ltd.
12545	81630	Shan Dong Lircon Medical Technology Co., Ltd
12546	80754	GDI Services (Canada) LP
12547	69202	Lachlan Pharmaceuticals
12548	77565	Daehan Ethanol Life Co Ltd
12549	77580	Top of The Line
12550	77641	AMKA PRODUCTS (PTY) LTD
12551	77927	Asesores en Mantenimiento Hidráulico e Industrial, S.A. de C.V.
12552	77755	Code Red Four Limited
12553	69533	aromatica co.
12554	60646	Embio Limited
12555	69227	Klosterfrau Berlin GmbH
12556	80134	Inhanzglobal Co.,Ltd
12557	70072	giod Co.
12558	69531	Telesta Therapeutics Inc.
12559	81157	Datong Tongxing Antibiotic Co., Ltd
12560	77448	PHYLUS CO.,LTD
12561	71742	Guangzhou Renuma Medical Systems Co., Ltd
12562	[illegible]239	Maapilim Usa, Inc.
12563	81520	Phathom Pharmaceuticals, Inc.
12564	80415	US Drugs, Inc.
12565	42196	SUZHOU CHINATECH PEPTIDE CO., LTD
12566	58154	MATERNAL SCIENCE, LLC

√verified
mH 9/17/21

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0744948

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

100 CAMPUS DR, STE 102 FLORHAM PARK, NJ 07932-

Reg. No.
5005947

PHATHOM PHARMACEUTICALS, INC.
100 CAMPUS DR, STE 102
FLORHAM PARK, NJ 07932-

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 8/30/2021

Registration Number: 5005947 **Registered as:** Manufacturer and Wholesale
Name: PHATHOM PHARMACEUTICALS, INC.
DBA:
Address: 100 CAMPUS DR, STE 102, FLORHAM PARK, NJ 07932
Original Issue Date: 07/19/2021 **Expiration Date:** 01/31/2022
Current Issue Date: 07/19/2021
Disciplines: No

B0174-7777 05/05/2021 2:03PM Rec'd by SD SOS

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHATHOM 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 NINTH 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 SAID "PHATHOM PHARMACEUTICALS, INC." WAS INCORPORATED ON THE NINTH DAY OF JANUARY, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

6701876 8300

SR# 20211240068

Authentication: 202933800

Date: 04-09-21

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

Phathom
PHARMACEUTICALS

DESCRIPTION OF OPERATIONS

Phathom Pharmaceuticals, Inc. ("Phathom") is a late clinical-stage biopharmaceutical company focused on developing and commercializing new treatments for GI disorders. Phathom has licensed the exclusive rights in the United States, Europe, and Canada to vonoprazan, a potassium competitive acid blocker (P-CAB) in late clinical-stage development for the treatment of gastric acid-related disorders. Vonoprazan has the potential to be the first gastric anti-secretory agent from a new class approved in the United States, Europe, or Canada in over 30 years. We have completed a Phase 3 clinical trial for the treatment of *H. pylori* infection and completed enrollment of a second Phase 3 clinical trial for the treatment of erosive GERD.

Phathom is a virtual manufacturer located at 100 Campus Drive, Suite 102, Florham Park, NJ 07932.
Phathom is a publicly traded company on the NASDAQ (NASDAQ Symbol: "PHAT")
Phathom's hours of operations are 9:00 a.m. – 5:00 p.m. (Eastern Time), Monday through Friday.

THIRD-PARTY LOGISTICS

Phathom's products are manufactured by contract manufacturers and distributed to customers by their third-party logistics provider ("3PL"), Specialty Pharmaceutical Services, Cardinal Health (SPS).
Phathom utilizes the following SPS location for distribution.

Cardinal Health dba Specialty Pharmaceutical Services
501 Mason Road Ste. 200
La Vergne, TN 37086

CONTRACT MANUFACTURER

Phathom Pharmaceuticals uses the following contract manufacturers to produce product. At no time does any contract manufacturer own Phathom's product, contract with Phathom's customers, invoice or sell Phathom's products.

Sandoz GmbH
Biochemiestrasse 10
Kundl, Tyrol
Austria, A-6250

Catalent Pharma Solutions, LLC
1100 Enterprise Drive
Winchester, KY 40391

PRODUCTS

As a virtual manufacturer, Phathom does not manufacture, distribute, or store product. Phathom's products are not controlled substances. Accordingly, Phathom is not required to maintain DEA registration.

Vonoprazan
Labeler code: 81520

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, February 1, 2021 5:30 AM
To: Nanci Knipfer <nknipfer@phathompharma.com>
Subject: Labeler Code Request Approved

EXTERNAL: Use caution when opening attachments or links from unknown senders.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 01-FEB-2021
Labeler DUNS: 117232216
Labeler Name: Phathom Pharmaceuticals, Inc.
Labeler Code Assigned: 81520

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).

Phathom PHARMACEUTICALS

OWNERSHIP

Phathom Pharmaceuticals, Inc. ("Phathom") is virtual manufacturer of pharmaceutical products. Phathom is a publicly traded company on NASDAQ (PHAT).

COMPANY INFORMATION

100 Campus Drive, Suite 102
Florham Park, NJ 07932
Phone: (877) 742-8466
Tax ID: 82-4151574

CORPORATE OFFICERS

Terri Curran, President & Chief Executive Officer
Business Address:
100 Campus Drive, Suite 102
Florham Park, NJ 07932
Phone: (877) 742-8466
tcurran@phathompharma.com

Azim Nabulsi, Chief Operating Officer
Business Address:
2150 E. Lake Cook Road, Suite 800
Buffalo Grove, IL 60089
Phone: (847) 715-2423
anabulsi@phathompharma.com

Lawrence Miller, General Counsel & Secretary
Business Address:
100 Campus Drive, Suite 102
Florham Park, NJ 07932
Phone: (877) 742-8466
lmiller@phathompharma.com

Phathom Employee List 8/26/21

First Name	Last Name	Job Title	Location
Anthony	Guzzo	Vice President and Chief Accounting Officer	Florham Park
Brenda	Moore	Dir, Customer Insights	Florham Park
Brent	Rose	Head, Patient & Consumer Marketing	Florham Park
Christine	Fischer	Head, Comm Insights & Analytics	Florham Park
Corey	Pelletier	Head of HEOR	Florham Park
Danielle	Conti	Sr Manager, Marketing Operations	Florham Park
David	Monica	Assoc Director, HR Operations	Florham Park
Elisabeth	Schwartz	Head of IT	Florham Park
Ellen	Migliaro	Administrative Assistant	Florham Park
Eric	Sciorilli	Sr Manager, Commercial Analytics	Florham Park
Erik	Kuhta	Dir, Market Access Operations	Florham Park
Joseph	Jones	VP, Sales	Florham Park
Julie	Zappulla	Dir, Commercial & Corporate Trng	Florham Park
Lawrence	Miller	General Counsel	Florham Park
Leona	Ling Ferguson	Assoc Director, Marketing	Florham Park
Mark	Devlin	VP, Market Access	Florham Park
Mark	Loftus	Sr Dir, Assistant Controller	Florham Park
Martin	Gilligan	Chief Commercial Officer	Florham Park
Melissa	Tankiewicz	Assoc Director, HRBP	Florham Park
Mikael	Justusson	Dir, Reporting & Technical Acctg	Florham Park
Monica	Escaleira	Contracts Manager	Florham Park
Myriam	Roman	Exec Admin/Office Supv	Florham Park
Nicholas	Benedetto	Head of Communications	Florham Park
Philippe	Brudi	VP, Medical Affairs	Florham Park
Rinu	Jacob	Dir, Medical Affairs	Florham Park
Samuel	Hand	Chief Administrative Officer	Florham Park
Shelley	Basinski	Accountant	Florham Park
Susan	Kim	VP, Marketing	Florham Park
Suzanne	Sullivan	Dir, Commercial Analytics	Florham Park
Terrie	Curran	CEO & President	Florham Park
William	Aprea	Head of Healthcare Compliance	Florham Park

Phathom Pharmaceuticals, Inc. (PHAT)
NasdaqGS - NasdaqGS Delayed Price. Currency in USD

☆ Add to watchlist Visitors trend 2W→ 10W↑ 9M↑

35.31 -0.10 (-0.28%)
As of 11:50AM EDT. Market open.

Summary | Company Outlook | Chart | Conversations | Statistics | Historical Data | Profile | Financials | Analysis | Options | **Holders** | Sustainability

Major Holders | Insider Roster | Insider Transactions

Major Holders
Breakdown

Currency in USD

15.21%	% of Shares Held by All Insider
80.66%	% of Shares Held by Institutions
95.13%	% of Float Held by Institutions
125	Number of Institutions Holding Shares

Top Institutional Holders

Holder	Shares	Date Reported	% Out	Value
Frazier Management LLC	5,827,415	Jun 29, 2021	18.58%	197,257,997
RA Capital Management, L.P.	3,115,008	Jun 29, 2021	9.93%	105,443,020
Medicxi Ventures Management (Jersey) Ltd	2,067,861	Jun 29, 2021	6.59%	69,997,094
Invesco Ltd.	2,021,400	Jun 29, 2021	6.45%	68,424,390
Janus Henderson Group PLC	1,951,634	Jun 29, 2021	6.22%	66,062,810
Vanguard Group, Inc. (The)	1,559,289	Jun 29, 2021	4.97%	52,781,932
Ensign Peak Advisors, Inc	1,220,010	Jun 29, 2021	3.89%	41,297,338
Abingworth, LLP	1,203,135	Jun 29, 2021	3.84%	40,726,119
Blackrock Inc.	1,160,437	Jun 29, 2021	3.70%	39,280,792
Eventide Asset Management LLC	600,000	Jun 29, 2021	1.91%	20,310,000

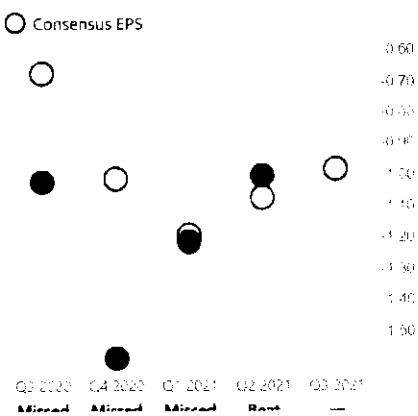
Top Mutual Fund Holders

Holder	Shares	Date Reported	% Out	Value
Invesco Global Fund	1,123,410	Apr 29, 2021	3.58%	43,273,753
Mutual Fund Ser Tr-Eventide Gilead Fund	600,000	Jun 29, 2021	1.91%	20,310,000
Vanguard Total Stock Market Index Fund	488,578	Jun 29, 2021	1.56%	16,538,365
iShares Russell 2000 ETF	464,244	Jun 29, 2021	1.48%	15,714,659
Janus Henderson Global Life Sciences Fund	455,043	Jun 29, 2021	1.45%	15,403,205

People Also Watch

Symbol	Last Price	Change	% Change
OYST Oyster Point Pharma, Inc.	14.00	+0.34	+2.49%
ETNB 89bio, Inc.	19.74	+0.18	+0.92%
STOK Stoke Therapeutics, Inc.	25.09	-0.43	-1.67%
CABA Cabaletta Bio, Inc.	9.94	-0.94	-8.59%
GRTX Galera Therapeutics, Inc.	7.71	-0.10	-1.28%

Earnings ›



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: 001-39094

PHATHOM PHARMACEUTICALS, INC.

(Exact name of Registrant as specified in its charter)

Delaware	**82-4151574**
(State or Other Jurisdiction of Incorporation or Organization)	**(I.R.S. Employer Identification No.)**
100 Campus Drive, Suite 102 Florham Park, New Jersey	**07932**
(Address of Principal Executive Offices)	**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (877) 742-8466

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 $0.0001 per share	**PHAT**	**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 ☒

As of June 30, 2020, the aggregate market value of the registrant's common stock held by non-affiliates of the registrant was approximately $552.3 million, based on the closing price of the registrant's common stock on the Nasdaq Global Select Market of $32.91 per share.

As of March 26, 2021, the registrant had 31,321,613 shares of common stock ($0.0001 par value) outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Certain sections of the registrant's definitive proxy statement for the 2021 annual meeting of stockholders to be filed with the Securities and Exchange Commission pursuant to Regulation 14A not later than 120 days after the end of the fiscal year covered by this Form 10-K are incorporated by reference into Part III of this Form 10-K.

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FORM 10-K
For the Year Ended December 31, 2020

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This annual report on Form 10-K contains forward-looking statements within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended, or the Exchange Act. All statements other than statements of historical facts contained in this annual report, including statements regarding our future results of operations and financial position, business strategy, research and development plans and costs, the timing and likelihood of regulatory filings and approvals, commercialization plans, pricing and reimbursement, the potential to develop future product candidates, the timing and likelihood of success of the plans and objectives of management for future operations, and future results of anticipated product development efforts, are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. This annual report on Form 10-K also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "contemplates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other similar expressions. The forward-looking statements in this annual report are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our financial condition, operating results, business strategy, and short term and long term business operations and objectives. These forward-looking statements speak only as of the date of this annual report and are subject to a number of risks, uncertainties and assumptions, including those described in Part I, Item 1A, "Risk Factors." The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Moreover, we operate in an evolving environment. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

This annual report includes trademarks, tradenames and service marks that are the property of other organizations. Solely for convenience, trademarks and tradenames referred to in this annual report appear without the ® and ™ symbols, but those references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights, or that the applicable owner will not assert its rights, to these trademarks and tradenames.

We maintain a website at www.phathompharma.com, to which we regularly post copies of our press releases as well as additional information about us. Our filings with the Securities and Exchange Commission, or SEC, are available free of charge through our website as soon as reasonably practicable after being electronically filed with or furnished to the SEC. Information contained in our website does not constitute a part of this report or our other filings with the SEC.

Item 1. Business

Overview

We are a late clinical-stage biopharmaceutical company focused on developing and commercializing novel treatments for gastrointestinal, or GI, diseases. Our initial product candidate, vonoprazan, is an oral small molecule potassium-competitive acid blocker, or P-CAB. P-CABs are a novel class of medicines that block acid secretion in the stomach. Vonoprazan has shown rapid, potent, and durable anti-secretory effects and has demonstrated clinical benefits over the current standard of care as a single agent in the treatment of gastroesophageal reflux disease, or GERD, and in combination with antibiotics for the treatment of *Helicobacter pylori*, or *H. pylori*, infection. Takeda Pharmaceutical Company Limited, or Takeda, developed vonoprazan and has received marketing approval in fourteen countries in Asia and Latin America. Vonoprazan generated approximately $650 million in net sales in its fifth full year on the market since its approval in Japan in late 2014. In May 2019, we in-licensed the U.S., European, and Canadian rights to vonoprazan from Takeda.

We believe we can leverage Takeda's extensive clinical data, including results from 19 Phase 3 clinical trials, to advance vonoprazan through pivotal trials in the United States and Europe. We initiated two pivotal Phase 3 clinical trials in the fourth quarter of 2019 for vonoprazan: one for the treatment of erosive GERD (PHALCON-EE), also known as erosive esophagitis, or EE, and a second for the treatment of *H. pylori* infection (PHALCON-HP). In March 2020, due to global efforts to combat the coronavirus, COVID-19 pandemic, we announced a temporary pause in randomization of new patients in our Pbase 3 trials. In June 2020, we announced that we had recommenced randomization of new patients in both of our Phase 3 trials. Despite the pause, we completed patient enrollment in PHALCON-EE in November 2020 and in PHALCON-HP in January 2021, and we expect to report top-line data from PHALCON-EE in the second half 2021 and from PHALCON-HP in the second quarter of 2021. We believe that the successful completion of our Phase 3 clinical trials, together with the existing clinical data, will support regulatory submissions in 2021 and 2022 for marketing approval for the treatment of *H. pylori* infection and erosive esophagitis, respectively. In August 2019, we received qualified infectious disease product, or QIDP, and Fast Track designations from the U.S. Food and Drug Administration, or FDA, for vonoprazan tablets in combination with amoxicillin tablets and clarithromycin tablets and with amoxicillin tablets alone, for the treatment of *H. pylori* infection. In November 2020, we requested additional QIDP and Fast Track designations to include amoxicillin capsules in addition to amoxicillin tablets. The FDA granted these additional Fast Track designations and advised us that the request for additional QIDP designations for these products remains under review. QIDP designation provides potential eligibility for priority review and extension of any regulatory exclusivity awarded, if approved. Vonoprazan has the potential to be the first gastric anti-secretory agent from a novel class approved in the United States, Europe, or Canada in over 30 years.

GERD and *H. pylori* infection are two of the most common acid-related GI diseases and impact millions of people. The prevalence of GERD is estimated to be 20% of the U.S. population and 15% of the population in the five major countries in Europe (France, Germany, Italy, Spain and the United Kingdom, or the EU5). GERD is a disease that develops when the reflux of acidic stomach contents causes troublesome symptoms and/or complications. Approximately 30% of GERD patients have erosive esophagitis. *H. pylori* is a bacterial pathogen that infects approximately 35% of the U.S. population and 45% of the EU5 population. As a result of the chronic inflammation induced by *H. pylori* infection, approximately 20% of infected patients will develop a range of pathologies, including dyspepsia, peptic ulcer disease, gastric cancer, and mucosa-associated lymphoid tissue (MALT) lymphoma.

Over the last thirty years, the proton pump inhibitor, or PPI, class, has been the standard of care for the treatment of acid-related GI diseases. PPIs are generally used as a single agent for the treatment of GERD and in combination with antibiotics for the treatment of *H. pylori* infection. The PPI class includes drugs such as Prilosec (omeprazole), Nexium (esomeprazole), and Prevacid (lansoprazole). Prior to the introduction of generic and nver-the-counter, or OTC, alternatives, annual PPI class sales reached approximately $12.5 billion in the United States, and peak sales for individual brands were approximately $3.7 billion for Prilosec, $3.5 billion for Nexium, and $3.4 billion for Prevacid in the United States.

While PPIs are the current standard of care and have experienced significant commercial success, they have significant limitations that result in a large uumet medical need. In GERD, PPI therapy is suboptimal for many patients due to the slnw onset and insufficient duration of acid control which can lead to inadequate symptom relief.

Approximately 15% to 45% of GERD patients remain inadequately treated with PPIs. In the treatment of *H. pylori* infection, the standard of care consists of a combination of a PPI and at least two oral antibiotics. However, increasing antibiotic resistance has resulted in declining eradication rates with PPI-based therapy. We believe these unmet medical needs are in part driven by limitations associated with the mechanism of action and pharmacokinetics of PPIs.

PPIs reduce gastric acid secretion by irreversibly binding to and inhibiting active proton pumps expressed on the parietal cells. PPIs require activation by gastric acid, but they are unstable in the presence of acid. This instability, combined with the short circulating half-life of PPIs, limits their efficacy. Additionally, because proton pumps continuously switch between active and inactive states, multiple doses of PPIs are required to inhibit enough proton pumps to achieve a clinical benefit. As a result, PPIs have a relatively slow onset of action and limited potency and duration of effect, which may result in patients experiencing only partial relief, increasing PPI dosage, and/or cycling through multiple PPIs seeking relief.

Vonoprazan has a differentiated mechanism of action from PPIs. Unlike PPIs, vonoprazan:

- does not require activation by gastric acid;
- is stable in the presence of acid;
- binds with a slow dissociation rate to both active and inactive proton pumps; and
- has a long plasma half-life that replenishes the drug at the site of action over the course of the day.

These factors have enabled vonoprazan to demonstrate more rapid and potent acid suppression versus the PPI esomeprazole in human subjects two hours after oral dosing and maintain target acid inhibition over a 24-hour period in a randomized, open-label, crossover clinical trial. In contrast, PPIs require three to five days to reach steady state acid suppression and do not reliably maintain target acid inhibition over a 24-hour period. In addition, vonoprazan demonstrated approximately 10-to-100-fold better acid control compared to esomeprazole.

We believe that vonoprazan's anti-secretory profile may demonstrate clinically meaningful advantages over PPIs, such as:

- faster, more complete, and more durable healing of erosive esophagitis;
- faster, more complete, and more durable control of GERD symptoms;
- higher *H. pylori* eradication rates in combination with antibiotics compared to standard of care triple therapy and the potential for antibiotic-sparing dual therapy; and
- more flexible dosing, including dosing independent of food and time of day, and the potential for rapid symptom relief through on-demand dosing.

Vonoprazan has demonstrated clinical advantages over the PPI lansoprazole in the treatment of erosive esophagitis and *H. pylori* infection in completed Phase 3 clinical trials conducted in Japan and other Asian countries.

Erosive esophagitis. In two Phase 3 clinical trials conducted in Japan assessing vonoprazan versus lansoprazole in the healing and maintenance of healing of erosive esophagitis, vonoprazan met its primary endpoint in demonstrating non-inferiority to lansoprazole. In a post hoc analysis of the healing trial, vonoprazan demonstrated faster healing and a superior overall healing rate compared to lansoprazole in patients with more severe erosive esophagitis. After two weeks of treatment, 88% of erosive esophagitis patients with more severe disease were healed after treatment with voooprazan versus 64% with lansoprazole (p=0.0008). In the maintenance of healing trial, vonoprazan demonstrated lower recurrence rates of erosive esophagitis six months after treatment versus lansoprazole across all grades of severity of erosive esophagitis. Vonoprazan achieved a 2% recurrence rate compared to 17% for lansoprazole ($p<0.0001$).

H. pylori. A Phase 3 clinical trial was conducted in Japan assessing vonoprazan in combination with the antibiotics amoxicillin and clarithromycin versus lansoprazole in combination with these same antibiotics in first line treatment of *H. pylori* infection. In this trial, the vonoprazan-based regimen met its primary endpoint in demonstrating a non-inferior eradication rate of 93% compared to 76% for lansoprazole-based regimen ($p<0.0001$) and was also superior in a post hoc analysis of this trial ($p<0.0001$). In patients who failed first line therapy,

A p-value is the probability that the reported result was achieved purely by chance, such that a p-value of less than or equal to 0.05 or 0.01 means that there is a 5.0% or 1.0% or less probability, respectively, that the difference between the control group and the treatment group is purely due to chance. A p-value of 0.05 or less typically represents a statistically significant result.

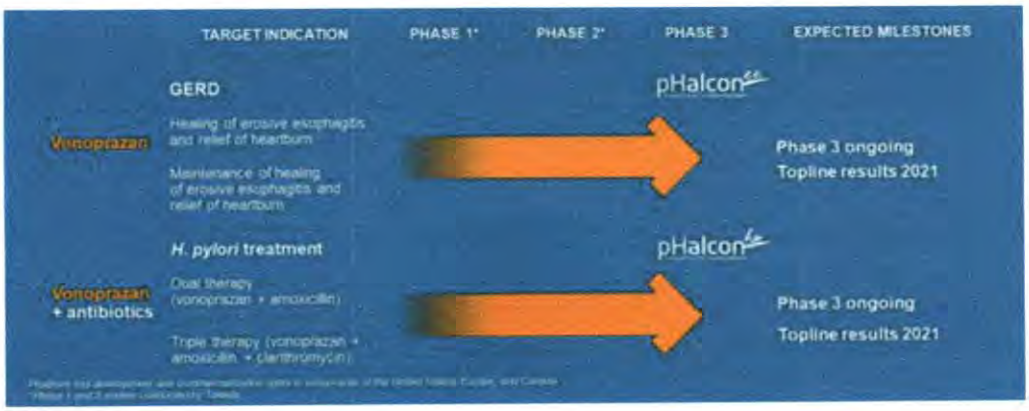
We have used this clinical experience to inform our Phase 3 clinical development program in these indications.

Our founders and management team have deep expertise in developing GI therapeutics, including anti-secretory agents, and direct experience developing vonoprazan at Takeda. Our Chairman, Tadataka (Tachi) Yamada, M.D., is the former Chief Medical Officer and Chief Scientific Officer at Takeda. He is the former President of the American Gastroenterological Association and former Chief of Gastroenterology and Internal Medicine at the University of Michigan. Our Chief Executive Officer, Terrie Curran, has more than 20 years of experience in the biopharmaceutical industry. Ms. Curran served as President, Global Inflammation and Immunology (I&I) Franchise and as a member of the Executive Committee at Celgene Corporation from 2017 to 2019. Ms. Curran joined Celgene in 2013 as the U.S. Commercial Head of the I&I Franchise, built the capabilities and recruited the teams that executed the successful launch of OTEZLA, which was sold to Amgen in November 2019 for $13.4 billion.

David Socks, our former Chief Executive Officer and current interim Chief Financial Officer, is the former Chief Executive Officer of Outpost Medicine, LLC, a GI and urology focused company. Mr. Socks was also President and Chief Operating Officer of Incline Therapeutics Inc. through its sale to the Medicines Company in 2013, and Senior Vice President, Corporate Development and Strategy of Cadence Pharmaceuticals, Inc. Azmi Nabulsi, M.D., M.P.H., our Chief Operating Officer, is the former Deputy Chief Medical and Scientific Officer at Takeda. Our Head of Regulatory, Tom Harris, is the former Senior Vice President and Head of Global Regulatory at Takeda. Dr. Yamada, Dr. Nabulsi, and Mr. Harris were extensively involved with the development of vonoprazan at Takeda.

Our Pipeline

The following chart summarizes our current development programs.



Our Strategy

Our goal is to be a leader in the development and commercialization of novel treatments for GI diseases. Our strategy is initially focused on developing and commercializing vonoprazan as a potential first-in-class P-CAB in the United States, Europe, and Canada for the treatment of acid-related GI diseases. Key elements of this strategy include:

- ***Advance the clinical development of vonoprazan in erosive esophagitis and H. pylori infection and seek marketing approval.*** We believe we can leverage the existing clinical data and post-marketing experience, as well as our management team's experience with vonoprazan, to advance vonoprazan through our pivotal Phase 3 clinical trials. We initiated single pivotal Phase 3 clinical trials of vonoprazan in each of erosive esophagitis and *H. pylori* infection in the fourth quarter of 2019. We expect to report top-line data from both trials in 2021, and if successful, file regulatory submissions for marketing approval for the treatment of *H. pylori* infection in 2021 and for erosive esophagitis in 2022. If approved by the FDA as a new chemical entity, vonoprazan would receive a five-year period of marketing exclusivity within the United States and vonoprazan's QIDP designation would extend the U.S. marketing exclusivity for an additional five years.

- ***Commercialize vonoprazan in the United States.*** We plan to independently commercialize vonoprazan, if approved, in the United States by building a leading specialty gastroenterology commercial infrastructure to support the adoption of vonoprazan. We believe we can successfully launch vonoprazan in the United States with a focused specialty sales force targeting high prescribers of PPIs, particularly gastroenterologists. PPI prescribing is highly concentrated, with approximately 1.5% of U.S. PPI prescribers (approximately 12,000 total) accounting for approximately 20% of PPI prescriptions and approximately 6.0% of U.S. PPI prescribers (approximately 50,000 total) accounting for approximately 50% of PPI prescriptions, according to IQVIA. We believe we have an opportunity to achieve significant share of voice and exposure to physicians given the scarcity of actively marketed anti-secretory medicines. Given the limitations of PPIs and current unmet need, we believe the commercial opportunity for vonoprazan is substantial.

- ***Seek commercial partnerships to maximize the vonoprazan opportunity outside of the United States.*** We believe there is a significant commercial opportunity for vonoprazan in Europe and Canada. To address these markets, we plan to seek one or more partners with existing commercial infrastructure and expertise in these markets. We believe this strategy will allow us to realize the value of the market opportunity in Europe and Canada while focusing our resources on the U.S. market.

- ***Expand the development of vonoprazan across indications, dosing regimens, and alternative formulations and packaging.*** We plan to pursue vonoprazan lifecycle extension strategies in areas with clear unmet need, clinical rationale, and commercial justification. These strategies may include: (i) additional indications, including treatment of gastric ulcers and duodenal ulcers, Barrett's esophagus, and eosinophilic esophagitis; (ii) flexible dosing regimens, such as on-demand therapy for symptom relief of GERD; and (iii) alternative formulations and packaging, such as orally disintegrating tablets and other oral dosage forms for patients with difficulty swallowing, an intravenous formulation for in-hospital applications, and pre-packaged convenience packs for the treatment of *H. pylori* infection. Additionally, we believe that vonoprazan has the ideal profile for an OTC product, including the potential for on-demand symptom relief and a well-tolerated safety profile.

- ***In-license or acquire additional clinical or commercial stage product candidates for the treatment of GI diseases in a capital efficient manner.*** We intend to take advantage of our management team's GI expertise to opportunistically in-license or acquire additional innovative therapies for diseases treated by gastroenterologists. We plan to leverage our development and planned commercial infrastructure to support multiple assets targeting GI indications.

Acid-Related GI Diseases

Overview

Gastric acid is a digestive fluid formed in the stomach. The highly acidic environment of the stomach causes the unfolding, or denaturing, of food proteins that are subsequently broken down by gastric enzymes. Gastric acid is secreted by the hydrogen potassium ATPase enzyme, which is known as the proton pump. Proton pumps are expressed on the channeled surfaces, or canaliculi, of parietal cells in the stomach, which secrete acid. Proton pumps are continuously synthesized and switch between active and inactive states in response to various stimuli, such as food. When activated, proton pumps increase acid secretion.

GI diseases where treatment is related to acid control, such as GERD, peptic ulcer disease, Zollinger Ellison syndrome, and *H. pylori* infection, are significant medical problems because of their high prevalence, chronic nature and clinical sequelae. GERD results from the effects of acid on compromised mucosal defenses in the gastrointestinal tract. The reflux of gastric acid into the esophagus produces frequent and/or severe heartburn, indigestion, and reflux symptoms. Chronic GERD may damage esophageal tissue and progress to more severe diseases including erosive esophagitis, Barrett's esophagus, and esophageal cancer. GERD and related diseases are associated with impaired quality of life and substantial costs to the healthcare system given their chronic nature and sequelae. In *H. pylori* infection, gastric acid limits the effectiveness of antibiotics used to eradicate infection. Chronic *H. pylori* infection can lead to dyspepsia, peptic ulcer disease, gastric cancer, and mucosa-associated lymphoid tissue (MALT) lymphoma.

Prevalence

The prevalence of GI diseases is high. Approximately 20% to 40% of Western adults report chronic heartburn or regurgitation symptoms potentially related to GERD. We estimate that there are approximately 65 million individuals in the United States and 50 million individuals in the EU5 with GERD. In the United States, GERD is the most common gastroenterology-related outpatient diagnosis. Additionally, approximately 35% of the U.S. population and 45% of the EU5 population are infected with *H. pylori*. We estimate that there are approximately 115 million individuals in the United States and 145 million individuals in the EU5 infected with *H. pylori*.

Prevalence of GERD and *H. pylori* Infection

	GERD		*H. pylori* Infection	
	Prevalence	Estimated Population	Prevalence	Estimated Population
United States	20%	65 million	35%	115 million
EU5	15%	50 million	45%	145 million

Treatments

Treatments of acid-related GI diseases aim to provide relief of acute symptoms, healing of damaged tissue, and prevention of long-term clinical sequelae associated with chronic acid exposure. Gastric acidity is measured by the pH scale, a logarithmic scale where 7.0 describes a neutral state and lower levels indicate a higher level of acidity. The pH of the stomach typically ranges from 1.5 to 3.5. In patients with acid-related GI diseases, increasing gastric pH has been shown to improve mucosal healing rates and provide more rapid symptom relief for patients. For example, the duration of time that intra-gastric acidity is greater than pH 3.0 correlates with the healing of duodenal and gastric ulcers, and pH greater than 4.0 is correlated with the healing of erosive esophagitis. Similarly, in patients with *H. pylori* infection, a more neutral gastric pH of 5.0 to 7.6 preserves antibiotic function and is optimal for successful eradication.

Drug-induced gastric acid suppression is a key component of the management of acid-related GI diseases. Three classes of drugs with distinct mechanisms of action are principally used for treatment in the United States and Europe: antacids, histamine receptor antagonists, or H2RAs, and PPIs.

Antacids

Antacids, first commercially available in the 1930s, directly neutralize gastric acid to raise intra-gastric pH and can alleviate intermittent, mild symptoms of acid-related GI diseases, such as heartburn, but they are only effective for a short duration and require frequent administrations per day. In addition, antacids do not significantly help heal or prevent complications of acid-related diseases. Antacids include commonly-known OTC products, such as Alka-Seltzer, Pepto-Bismol, Rolaids, and TUMS.

Histamine Receptor Antagonists (H2RAs)

H2RAs, first commercially available in the 1970s, decrease gastric acid secretion in order to raise gastric pH. H2RAs represented a dramatic improvement over antacids in the control of gastric acid and consequently in the management of acid-related GI diseases. H2RAs are also generally safe and well-tolerated. Among the H2RA class were the first commercial blockbuster drugs, Pepcid (famotidine), Tagamet (cimetidine), and Zantac (ranitidine). Zantac was the world's highest-selling prescription drug in the mid-1990s, with peak global sales of $3.7 billion and U.S. sales of $2.2 billion. Prior to the launch of generic H2RAs and increasing competition from PPIs, the H2RA class achieved sales of approximately $3.5 billion in the United States. H2RAs achieved commercial success despite clinical limitations, including unreliable 24-hour acid control, poor control of post-meal symptoms, and loss of efficacy over time.

Proton Pump Inhibitors (PPIs)

PPIs, first commercially available in 1989, offered improved acid control over H2RAs. Pharmacodynamic data demonstrated that PPIs maintain gastric pH above target levels for a longer duration than H2RAs. A commonly used benchmark of anti-secretory activity is the percentage of time in a 24-hour period that gastric pH exceeds 4.0, which we refer to as time above pH 4.0, which ranges from 40% to 71% for PPIs versus 33% for H2RAs.

Given this improved pharmacodynamic profile, PPIs demonstrated improved clinical symptom relief and healing over H2RAs. In a meta-analysis of results from 33 randomized clinical trials with over 3,000 GERD patients, a reduction in symptoms was achieved in 83% of patients taking PPIs versus 60% of those on H2RAs. In a second meta-analysis, the eight-week healing rate in patients with erosive esophagitis was 82% for PPIs versus 52% for H2RAs.

The PPI class is currently the first-line treatment of acid-related GI diseases. Prior to the introduction and adoption of generic and OTC alternatives, annual PPI class sales reached approximately $12.5 billion in the United States, and peak sales for individual brands were approximately $3.7 billion for Prilosec, $3.5 billion for Nexium, and $3.4 billion for Prevacid. As recently as 2015, the last branded PPI, Dexilant (dexlansoprazole), reached approximately $530 million in sales in the United States despite limited differentiation from other PPIs. While Dexilant demonstrated a modest improvement in time above pH 4.0 compared to other PPIs, the approved dose did not demonstrate consistent superiority in Phase 3 trials against other PPIs on the healing of erosive esophagitis and has not been tested against PPIs in other indications. We believe that the commercial success of Dexilant highlights the value to physicians and patients of even incremental improvements over other PPIs.

History of Pharmaceutical Agents for Control of Gastric Acid

PPI Limitations

While PPIs provide clinically meaningful symptom relief and healing for millions of patients suffering from acid-related GI diseases, they are inadequate for many patients. The suboptimal anti-secretory profile of PPIs results in slow onset of symptom relief, breakthrough nighttime or postprandial heartburn, and treatment failure. A recent population-based survey with over 70,000 participants in the United States showed that 55% of patients who reported having GERD symptoms were taking PPIs, with 68% taking them daily, and 54% of daily PPI users reported persistent symptoms. This is consistent with earlier studies that have shown that approximately 15% to 45% of GERD patients are inadequately treated with PPIs, experiencing persistent, troublesome symptoms, such as heartburn and regurgitation. In approximately two thirds of symptomatic GERD patients, reflux symptoms are not adequately controlled after the first dose of a PPI, and nearly 50% of patients still suffer from symptoms three days later. Given these limitations, more than 20% of GERD patients on PPI therapy take their PPI twice daily, which is not FDA approved, or purchase OTC heartburn treatments in addition to their prescription medicine. In a survey of approximately 1,000 GERD patients and 1,000 physicians, approximately one third of GERD patients reported persistent symptoms and were dissatisfied with PPI therapy and 35% of physicians perceived patients as somewhat satisfied to completely dissatisfied with PPI treatment. In addition, in July 2019 we conducted a U.S. market research study of 100 gastroenterologists and 100 primary care physicians who commonly prescribe PPIs and treat patients with GERD and *H. pylori* infection. Surveyed physicians reported that approximately 25% of patients are not satisfied on PPIs.

In patients with more severe grades of erosive esophagitis, studies with PPIs have reported failure rates of healing of esophageal erosions exceeding 25%. Additionally, recurrence of erosions is common in healed erosive esophagitis patients receiving maintenance PPI therapy. One study reported recurrence in 15% to 23% of patients with less severe erosive esophagitis and 24% to 41% of patients with more severe erosive esophagitis. We believe that these limitations of PPIs are in part driven by their mechanism of action and pharmacokinetics.

TwoLabs PHARMA SERVICES

Phathom PHARMACEUTICALS

September 8, 2021

Via FedEx

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

To Whom it May Concern:

On behalf of Phathom Pharmaceuticals, Inc., attached is Phathom Pharmaceuticals, Inc.'s initial application.

Phathom Pharmaceuticals is a late clinical-stage biopharmaceutical company focused on developing and commercializing new treatments for GI disorders. We have licensed the exclusive rights in the United States, Europe, and Canada to vonoprazan, an investigational potassium competitive acid blocker (P-CAB) in late clinical-stage development for the treatment of gastric acid-related disorders. Vonoprazan has the potential to be the first gastric anti-secretory agent from a new class approved in the United States, Europe, or Canada in over 30 years.

Phathom Pharmaceuticals, Inc. is a virtual manufacturer. Phathom Pharmaceuticals, Inc.'s 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 does Phathom Pharmaceuticals, Inc. physically manufacture or distribute product from their location.

I hope this narrative was helpful as you review this application. If you have any questions, please contact me via email at 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

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

■ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: PMW,Inc

Physical Address: 2233 South Presidents Drive, Suite A

City: West Valley City State: UT Zip Code: 84120

Telephone Number: 866-885-3190 Fax Number: _____

Toll Free Number: _____

E-mail: Bop@pmwcorp.org Website: _____

Facility Manager: Yun Chacestco

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

■ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
■ Hypodermic Devices
☐ Veterinary Legend Drugs

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: Insource, inc
Address: 80 Summitt View Lane, Bastian, VA 24314

Name: Medline Industries, Inc.
Address: Three Lakes Drive, Northfield IL,60093

Name: Mckesson
Address: 9954 Mayland Drive, Suite 4000, Richmond, VA 23233

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.

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

MARC BERENS
Print Name of Authorized Person

6/21/2021
Date

Board Use Only Date Processed: 7/14/2021 Amount: 500 ✓ check # 1539

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Utah

Parent Company if any: _____

Mailing Address: 2233 South Presidents Drive, Suite A

City: West Valley City State: UT Zip: 84120

Telephone: 866-885-3190 Fax: _____

Contact Person: Yun Chacestco

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

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

a) Marc Berens (Name) 2233 S Presidents Drive, Ste A West Valley City, UT 84120 (Business Address)

b) Michael Arvai (Name) 2233 S Presidents Drive, Ste A West Valley City, UT 84120 (Business Address)

c) _____ (Name) _____ (Business Address)

d) _____ (Name) _____ (Business Address)

2) Provide the number of shares issued by the corporation. 10,000

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

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

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 UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

PMW, Inc

EFFECTIVE
02/09/2021

EXPIRATION
09/30/2023

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12110799-1710 Pharmacy - Class C

Wholesaler
Distributor

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.

PMW, INC
2233 S PRESIDENTS DR SUITE A
WEST VALLEY CITY UT 84120

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **02/09/2021**

EXPIRATION DATE: **09/30/2023**

ISSUED TO: **PMW, Inc**
2233 S Presidents Dr Suite A
West Valley City UT 84120

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12110799-1710 **Pharmacy - Class C**

Wholesaler
Distributor

DBAs: **None Associated**

SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 04/07/2021

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): PMW, Inc

Classification of License Issued: Pharmacy - Class C

License Number: 12110799-1710

Obtained By: Application

Current Status: Active

Original Date of Licensure: 02/09/2021

Expiration Date: 09/30/2023

Agency and Disciplinary Action: NO

Docket Number: N/A

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

05/27/2021
12076864-014205272021-1493261

CERTIFICATE OF EXISTENCE

Registration Number:	12076864-0142
Business Name:	PMW, INC
Registered Date:	December 22, 2020
Entity Type:	Corporation - Domestic - Profit
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

PMW, Inc Corporate Information

Address: PMW, Inc.

2233 South Presidents Drive, Suite A

West Valley City, UT 84120

Phone:866-885-3190

UT Wholesale Pharmacy License#: 12110799-1710

Federal Employee Identification#:85-4330723

State of Incorporation: UT

Date of Incorporation:12/22/2020

Resident Agent of corporation: UT Commercial Registered Agent, LLC

DUNS Number:117896734

Corporate Officer/Shareholder Information

***Michael Arvai*:** Owner/CFO/Secretary (50 % of ownership)

Social Security#: [redacted]

DOB: [redacted]

Home Address: [redacted] Via Del Pienza, Rancho Mirage, CA 92270

Business Address:2233 S Presidents Drive, Suite A, West Valley city, UT 84120

Marc Berens: Owner/President (50% of ownership)

Social Security# [redacted]

DOB: [redacted]

Home Address: [redacted] South State Street, Apt [redacted], Sandy, UT 84070

Business Address:2233 S Presidents Drive, Suite A, West Valley city, UT 84120

I am the warehouse manager of PMW, Inc. I am responsible for directing the activities of PMW warehouse and distribution related functions while ensuring that all governmental regulations and company standards are met. I review all warehouse shipping and receiving activities, including item counts, verifying package labelling, lot numbers and expiration dates. I enter all receive items in company inventory system and create all inbound and outbound pedigree reports. I have over 7 years of experience as a Pharmaceutical Distribution warehouse Manager with responsibilities similar to those of my previous position. I'm a PTCB Certified Pharmacy Technician(CPhT) with UT License and CA DR Wholesaler license as well.

Yun Chacestco

Yun Chacestco

[redacted] S Carter Circle
West Jordan, UT 84084
[redacted]

Qualifications/Skills

Accomplished compliance with diverse experience in the healthcare and pharmaceutical industries. Board understanding of medications. Excellent communication skills. Experiences include retail pharmacy ,long term care pharmacy, billing specialist, wholesale pharmaceutical distributor.

Experience

JANUARY 2021- CURRENT
PMW,Inc , Salt Lake City – *General Manager/Compliance Manager*

- Ensured all business units are in compliance with legal and regulatory requirements.
- Maintained and updated-as necessary-the healthcare compliance and procedures and applied for and renewed pharmaceutical licenses over 40 states.
- Oversee and implement compliance-related auditing and monitoring plans for sales, marketing and other business activities.

SEPTEMBER 2013 – NOVEMBER 2020
Fluvaccine.Org Inc, Salt Lake City - *Compliance Officer*

- Ensured all business units are in compliance with legal and regulatory requirements.
- Maintained and updated-as necessary-the healthcare compliance and procedures and applied for and renewed pharmaceutical licenses over 40 states.
- Oversee and implement compliance-related auditing and monitoring plans for sales, marketing and other business activities.

SEPTEMBER 2013 - DECEMBER 2019
Dubin Medical, Inc, Salt Lake City - *Distribution Center Manager*

- Managed the company shipping processes. Ensures all outbound shipments are on time and in line with the clients and regulatory requirements.
- Ensured operations are performed safely, efficiently, and in a compliant manner to meet customers focused strategy.
- Managed the site material receiving, storage, transfer and picking processes

MARCH 2012 - AUGUST 2013
Walgreens Pharmacy, West Jordan- *Pharmacy Technician*

- Assist the pharmacist in the preparation and distribution of medications, maintaining the drug inventory, and maintaining patient and pharmacy records in a manner consistent with all federal, state, and local laws and regulations, as well as pharmacy policies and procedures.
- Preparation of medications for patients.
- Receiving and verifying the prescriptions.
- Pricing and filling of prescriptions.

JUNE 2005 - AUGUST 2008
Advanced Pharmacy Services LLC, Grand Junction- *Pharmacy Technician/Billing specialist*

- Assist the pharmacist in the preparation and distribution of medications, maintaining the drug inventory, and maintaining patient and pharmacy records in a manner consistent with all federal, state, and local laws and regulations, as well as pharmacy policies and procedures.
- Was responsible for collecting, posting and managing account payments.
- Receiving and verifying the prescriptions.
- Was responsible for submitting claims and follow ups.

Education

FEBRUARY 1992 - FEBRUARY 1995
Hyejeon University, South Korea - *Associate in Science in Nutrition*

JUNE 1999 - MARCH 2000
Ogden Weber Technology Colleg , Ogden- *Pharmacy Technician Apprenticeship*

Licenses

Utah State Pharmacy License

PTCB certified

California Pharmaceutical Designated Representative License

PMW, Inc Corporate Information

Address: 2233 South Presidents Drive, Suite A

West Valley City, UT 84120

UT Wholesale Pharmacy License#: 12110799-1710

Company Chart

Marc Berens: CEO/President

Home Address: [redacted] South State Street, Apt H101, Sandy, UT 84070

Work History: 2021-Present PMW, Inc CEO

2009-Present Professional Medical Warehouse Corporate Secretary

2000-2008 Fedex Freight Manager

Duties/Qualification:

Have been employed full time for over 11 years in a managerial-level position by a pharmaceutical wholesale distributor. Responsible for the overall management and operations of all aspects of the organization.

Michael Arvai: Corporate Secretary

Home Address: [redacted] Via Del Pienza, Rancho Mirage, CA 92270

Work History: 2021-Present PMW, Inc Corporate Secretary

2004-Present Professional Medical Warehouse CEO

1995-2008 Fedex Freight Manager

Duties/Qualification:

Have been employed full time for over 16 years in a managerial-level position by a pharmaceutical wholesale distributor. Execute and maintain all required official corporate filing documents, reports and according to applicable laws and regulations.

Yun Chacestco: Compliance Manager

Home Address: [redacted] South Carter Circle, West Jordan, UT 84084

Work History: 2021-Present PMW, Inc Compliance Manager

2012-2020 Fluvaccine.org, Inc Compliance Manager

2013-2018 Dubin Medical Inc Distribution Center Manager

Duties/Qualification:

Over 20 years of experience in the medical and pharmaceutical industries. Experiences include retail pharmacy, long term care pharmacy, billing specialist, wholesale pharmaceutical distributor. Ensure that the company complies with it's outside regulatory and legal requirements as well as internal policies and bylaws. Responsible for day-to day operations of the warehouse areas including receiving, picking, pharmacy, shipping and packaging material condition.

PMW, Inc Corporate Information

Address: 2233 South Presidents Drive, Suite A

West Valley City, UT 84120

UT Wholesale Pharmacy License#: 12110799-1710

Company Employee Chart

Marc Berens: CEO/President

Home Address [redacted] South State Street, Apt H101, Sandy, UT 84070

Work History: 2021-Present PMW, Inc CEO

2009-Present Professional Medical Warehouse Corporate Secretary

2000-2008 Fedex Freight Manager

Duties/Qualification:

Have been employed full time for over 11 years in a managerial-level position by a pharmaceutical wholesale distributor. Responsible for the overall management and operations of all aspects of the organization.

Michael Arvai: Corporate Secretary

Home Address: [redacted] Via Del Pienza, Rancho Mirage, CA 92270

Work History: 2021-Present PMW, Inc Corporate Secretary

2004-Present Professional Medical Warehouse CEO

1995-2008 Fedex Freight Manager

Duties/Qualification:

Have been employed full time for over 16 years in a managerial-level position by a pharmaceutical wholesale distributor. Execute and maintain all required official corporate filing documents, reports and according to applicable laws and regulations.

Yun Gardner: Compliance Manager/Facility Manager

Home Address: [redacted] South Carter Circle, West Jordan, UT 84084

Work History: 2021-Present PMW, Inc Compliance Manager

2012-2020 Fluvaccine.org, Inc Compliance Manager

2013-2018 Dubin Medical Inc Distribution Center Manager

Duties/Qualification:

Over 20 years of experience in the medical and pharmaceutical industries. Experiences include retail pharmacy, long term care pharmacy, billing specialist, wholesale pharmaceutical distributor. Ensure that the company complies with it's outside regulatory and legal requirements as well as internal policies and bylaws. Responsible for day-to day operations of the warehouse areas including receiving, picking, pharmacy, shipping and packaging material condition.

Kyle Tadeo: Warehouse Manager

Home Address: [redacted] S State ST Apt E106 Sandy, UT 84070

Work history:2021-Present PMW, Inc Warehouse Manager

2018-2020 Canyon Ranch Resort Assistant Manager

Duties/Qualification:

Outstanding leadership, organization, multitasking and communication skills. Responsible for managing warehouse in compliance with company's policies and vision. Overseeing receiving, warehousing, distribution and maintenance operations.

PMW, INC

Employee List

President
Marc Berens(Owner)

Corporate Secretary
Michael Arvai(Owner)

Facility Manager
Yun Chacestco

Warehouse Supervisor
Kyle Tadeo

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. 72BSBIR2251

Application/License No. _____

PMW, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2233 S. Presidents Drive, Suite A, West Valley City, UT 84120 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a 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 _____ (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 May 20, 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.

72BSBIR2251

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 May, 2021.

APPLICANT/PRINCIPAL

PMW, Inc.

Marc Bruno
Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Jeffrey H. Byroads, Attorney-in-Fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ASSUREDPARTNERS OF CA INS SVCS LLC
Agency Code: 72-160485

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Jeffrey H. Byroads

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. 72BSBIR2251
Naming PMN, 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, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

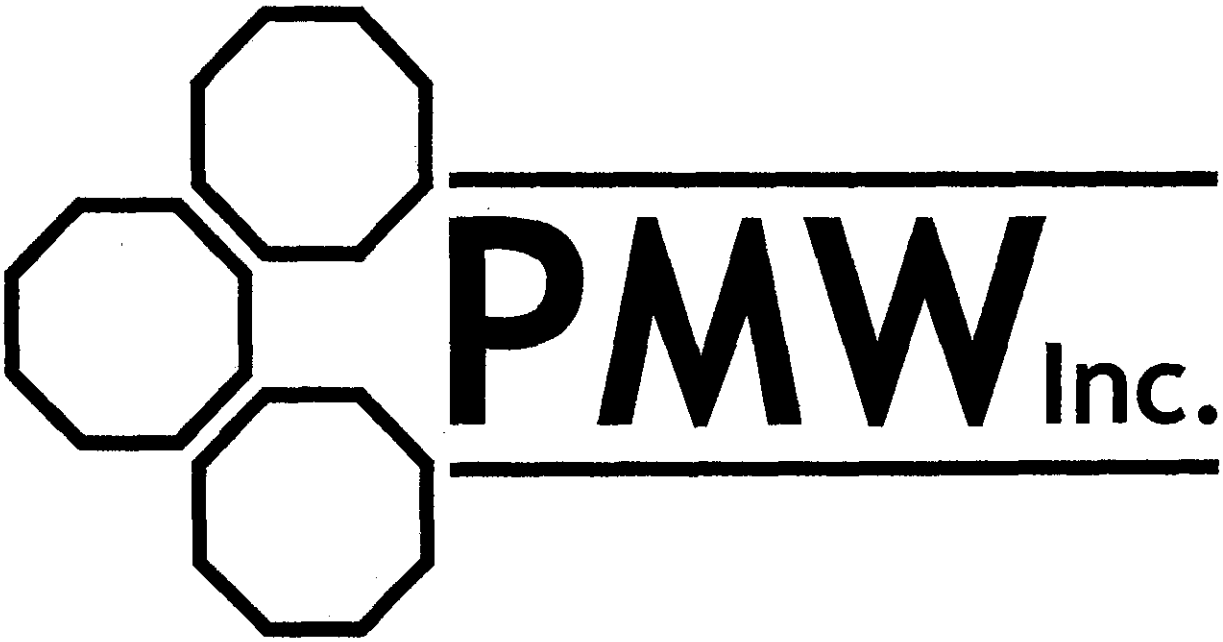
On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed 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 Nicole Ciccone
My Commission #GG077453
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 May 20, 2021.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President



PMW, Inc. Wholesale Pharmaceutical Distributor

Standard Operating Procedures

PMW, Inc.
2233 S. Presidents Dr. Suite A
West Valley City, UT 84120

Standard Operating Procedure

Section: Warehouse Operations
Receiving Product

Policy: WARE001
Approval: _____

Page 1 of 3

Revision: February 2021

Responsible Persons
Designated Representative In-Charge, Warehouse Supervisor, Warehouse Shipper/Receiving Employee. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees received documented training on this policy and procedure and procedures are adhered to.

Purpose
To ensure all products received are expected, documented, have accurate quantities, are not damaged or compromised, and are entered into our computer system.

Procedure

1. Product shall be delivered by carrier (i.e. freight company) to our receiving dept. at which time product is immediately inspected.

2. Verify incoming package was expected and not physically damaged before accepting package from courier.

3. Should concealed damages or shortages occur in which the freight company is determined not at fault, the supplier shall be notified immediately. Freight claims for damages and shortages shall be filed by the supplier responsible for the shipping cost.

4. Open ALL packages received to determine the legend drugs are not outdated, adulterated, misbranded, contaminated, counterfeit, or otherwise unfit for distribution. Inspect all packages for a) damage, b) quantity, c) correct product (NDC #'s , lot #'s), and d) correct pricing.
    - If any aspect of the received package is incorrect, contact the vendor. Make any adjustments to PO if necessary, or return product to the vendor.
    - Refrigerated product: Verify if a) temp gauge is within range, if provided, b) ice pack warm to touch, c) ice pack has lost solidity, or d) shipment was delayed. If YES, contact the manufacturer to verify the stability of the product.
    - Return product or Receive product

5. Damaged and short-dated product shall be stored under appropriate conditions in accordance with the requirements, if any, in the labeling of such drugs until either Return authorization is given by supplier or Authorization is given to destroy (send to Reliable Pharmaceutical Returns, LLC.)

6. If the immediate or sealed outer or secondary container of labeling of a drug is adulterated, misbranded, counterfeit, or suspected counterfeit, the drug must immediately

PMW, Inc.
2233 S. Presidents Dr. Suite A
West Valley City, UT 84120

Standard Operating Procedure

Section:	Warehouse Operations Receiving Product	**Policy:** WARE001 **Approval:** _____
Page 2 of 3		**Revision: February 2021**

be quarantined until the drug is destroyed or returned to the manufacturer or wholesaler from which it was acquired, **AND** notice of the adulteration, misbranding, counterfeiting, or suspected counterfeiting must be given to the UT board of pharmacy, FDA, and the manufacturer or wholesaler from which the drug was acquired within 24 hours.

7. If the drug has been opened or used, but is not adulterated, misbranded, counterfeit, or suspected counterfeit, it must be quarantined until it is destroyed or returned to the manufacturer or wholesaler from which it was acquired.

8. After establishing product is intact and paperwork is in order, receiving procedures may begin.

9. Log all Lot numbers and expiration dates on the Purchase Order, Packing slip or Vendor's Invoice. This is stamped and initialed by a Designated Representative.
    - Refrigerated product, first priority.

10. Receive product into Quickbooks and TrackTraceRX online which records lot numbers and expiration dates.

    - Determine Special Request Status, if so, email the representative who put in the special request. If not a special request, email the whole sales group letting them know product is in house and ready to ship
    - Determine Allocation (individual or max order) status.
    - Complete Pedigree/T3 Documentation in accordance to Pedigree-T3 Policy.

11. All records are kept on file for a minimum of 6 years on the PMW server and will be available for inspection within two business days.

12. Store product in designated location on shelf or refrigerator.

    - Refrigerated product, first priority. All refrigerated items must be maintained in the refrigerator according to the manufacturer's label (usually between 36 and 46 degrees Fahrenheit).
    - Store alphabetically or numerically by type. All products are to be stored in accordance to manufacturer's label in the warehouse. If no range is specified, they are stored at controlled room temperature which can range from 68 degrees Fahrenheit to 77 degrees Fahrenheit.

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Section: Warehouse Operations
Receiving Product

Policy: WARE001
Approval: _____

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- In the event in which identical products with identical lot numbers are received from multiple vendors, those items will be stored separately and noted as to which vendor delivered each item.

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Standard Operating Procedure

Section: Warehouse Operations
Drug Transaction Data Required

Policy: WARE001a
Approval: _____

Revision: February 2021

Responsible Persons
Designated Representative(s), Designated Representative in Charge. Designated Representative in coordination with the Designated Representative in Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose
To ensure product tracing information related to each transaction of certain prescription drugs and to be compliant with sections 582(a), (b), (c), (d), and (e) of the FD&C Act.

Procedure

1. RX Drug Transaction Data (Transaction Information, Transaction History, and Transaction Statement) also called T3's, must be received PMW, Inc within 24 hours of receiving the product from a vendor unless otherwise specified by law. If a T3 is not received with the product, the Vendor is immediately contacted. If a T3 is not received within 24 hours of receiving the product, the product will be placed in quarantine and the FDA will be notified. The information in the T3's shall include:

- Transaction History which means a statement in paper or electronic form, including transaction information for each prior transaction going back to the manufacturer of the product.

- Transaction information which means
- (A) the proprietary or established name or names of the product:
- (B) the strength and dosage form of the product;
- (C) the NDC of the product;
- (D) the container size
- (E) the number of containers;
- (F) the lot number of the product;
- (G) the date of the transaction
- (H) the date of the shipment, if more than 24 hours after the date of the transaction

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Section: Warehouse Operations
Drug Transaction Data Required

Policy: WARE001a
Approval: _____

Revision: February 2021

- (I) the business name and address of the person to whom ownership is being transferred; and
- (J) the business name and address of the person to whom ownership is being transferred.

- Transaction Statement is a paper or electronic form that states the entity transferring ownership in a transaction –
- (A) is authorized under the Drug Supply Chain Security Act (DSCSA);
- (B) received the product from a person that is authorized as required under the DSCSA;
- (C) received transaction information and a transaction statement from the prior owner of the product as required under section 582 of DSCSA;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and process in place to comply with verification requirements under section 582
- (F) did not knowingly provide false transaction information, and;
- (G) did not knowingly alter transaction history

2. Verification means determining whether the product identifier affixed to, or imprinted upon, a package or case corresponds to the standardized numerical identifier or lot number and expiration date assigned to the product by the manufacturer or the repackager, as applicable in accordance with section 582 of DSCSA.

3. RX Drug Transaction Data will be available for all sales within 24 hours of customer receipt of product.

4. All T3's and packing slips are maintained in electronic form with PMW, Inc. Excel Transaction form. See Pedigree-T3 Recording Policy for proper format and process.

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Standard Operating Procedure

Section: Warehouse Operations
Shipping Product

Policy: WARE002
Approval: _____

Revision: March 24, 2021

Responsible Persons

Designated Representative In-Charge, Warehouse Supervisor, Warehouse Shipper/Receiver. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure all outgoing packages have correct product, quantity, and are packed securely with appropriate packaging.

Procedure

Pulling and Inspecting Product

1. Product is made available to qualified customers who have provided proper licensing (Resident State Board of Pharmacy, DEA, Wholesale, or Retail), and signed customer agreement (Terms and Conditions or Order Confirmation or Purchase Order). All orders require a purchase order or signed Order Confirmation from the Customer.

    a. Customer License is listed in the Sales data base. If license is not listed Account Representative will request copy of customer license.
    b. Office Manager will verify by checking via internet the appropriate State Board of Licensing webpage.
    c. Customer License information and expiration date will be listed in Quick Books Customer File to show license and expiration date when invoicing customer.

2. All products are to be stored in accordance to manufacturer's label in the warehouse. If no range is specified, they are stored at controlled room temperature.

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Section: Warehouse Operations
Shipping Product

Policy: WARE002
Approval: _____

3. Pull product from the shelf or refrigerator by NDC number in accordance with the appropriate Order documentation and attached T3.

4. Select appropriate prescription drug item using the oldest received approved stock first (FIFO). Utilize the PMW Inc prescription drug stock sheet to make this determination. Any exceptions to this procedure must be approved by the designated representative in charge.

5. Log the Lot Numbers and Expiration Dates on the Order documentation. Verify that the Lot Numbers and Expiration Dates match the attached T3.

6. When Order documentation is converted to an Invoice, product, lot numbers, and quantity are verified through PMW Inc Pedigree Tracking Process . T3 are maintained for a minimum of six years with PMW Inc Pedigree Tracking Process, and records are available for inspection within two business days.

Packing Product

1. Assess proper packaging needs:
    - Refrigerated Items – Select small, medium, or large Styrofoam container that allows a minimum of (1) inch or a maximum of (3) inches available on (6) sides for packing.
        - Select appropriate cooling mechanism
            1 ice pack……small container
            2 ice pack……medium container
            3-6 ice packs…large container
        - All Glass product is wrapped in bubble wrap.
        - Pack Container using (6) side approach with pelaspan.
        - Place ice pack on top of package.
    - Non Refrigerated Items:
        - Select appropriate box using (1) inch minimum and (3) inch maximum packing space around product.

- All Glass product is wrapped in bubble wrap.
- Pack container using (6) side approach with pelaspan.

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Section: Warehouse Operations
Shipping Product

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Securing Package

1. Taping and Labeling:
   - Refrigerated Containers – All containers are taped with a minimum of (5) strips: (3) around the circumference binding the lid to the container, (1) vertical strips around the width of the container, and (1) vertical strips around the length of the container. Attach stickers to be seen from all sides of the container, "Refrigerate Upon Arrival".

   - Non Refrigerated Boxes – All boxes are taped using (4) strips: (2) vertical strips around the width of the box, and (2) vertical strips around the length of the box

Shipping Instructions

1. Enter delivery information into the Federal Express System or UPS Ground System. Delivery methods are determined by each salesperson. Exception: All refrigerated packages are sent Priority Overnight or Standard Overnight.

Misc. Packing Instructions

1. Room temperature products requiring protection from extreme heat are sent overnight and may be sent in Styrofoam coolers with frozen gel packs if necessary. Packages are labeled "Temperature Sensitive"

2. When unsure of how to package/ship products, the Warehouse manager will contact the manufacturer's technical support department for recommendations on how to proceed.

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Section: Warehouse Operations
Shipping Product

Policy: WARE002
Approval: _____

Revision: March 24, 2021

Packing Slip, Pedigree, and Invoicing

1. Packing slip is generated and inserted in each package shipped out.
2. T3 information to be included with shipment or e-mailed (if requested). It will be available through PMW Inc Pedigree Tracking Process to all our trading partners within 24 hours of their receipt of product.
3. Generate Invoice through Quick Books, at which time the lot numbers and expiration date are recorded and removed from inventory.
4. Invoices are to be emailed immediately if requested, others are mailed out to customer within 3-5 days.

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Standard Operating Procedure

Section: Warehouse Operations
Refrigerator Temperature Control

Policy: WARE003
Approval: _____

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Revision: February 2021

Responsible Persons

Warehouse Supervisor, Warehouse Employees, Designated Representative In-Charge. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure all refrigerated product is stable and all cooling containers are within range.

Procedure

1. All refrigerated items must be maintained in the refrigerator according to the manufacturer's label (usually between 36 and 46 degrees Fahrenheit).

2. Two temperature gauges are located in the refrigerator, one alarmed and monitored by Alarm.com and one local read gauge. Temperature must at all times be within acceptable ranges, 36 degrees to 46 degrees, for refrigerated temperatures to be considered acceptable.

3. The refrigerator is electronically monitored by Alarm.com such that if the temperatures fall out of range, PMW, Inc is contacted. If the temperatures fall out of range during non-business hours, then a Designated Representative is contacted, followed by the President, until someone is reached. Alarm.com monitors the temperature 24/7.

Quality Control

1. Temperature readings are logged and recorded in the Temperature Log Book two times per day: Morning and Late Afternoon.

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Standard Operating Procedure

Section: Warehouse Operations
Refrigerator Temperature Control

Policy: WARE003
Approval: _____

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2. Temperature readings are recorded for all devices citing the date, time, and initials of Designated Representative. Any readings outside ranges are to be reported to the Warehouse Supervisor immediately. All products are to be transferred and packed in coolers with frozen gel packs until repairs are completed. Products will then be restocked.

3. If product has been exposed to below recommended temperatures or above recommended temperatures, product is to be quarantined and then destroyed by sending to Reliable Pharmaceutical Returns LLC. Refer to policy WARE007.

4. Warehouse Supervisor will do periodic checks to make sure monitoring equipment is functioning properly by letting a refrigerator temporarily go above 46 degrees. Alarm.com will call in response to the refrigerator alarm.

5. All food and beverage items are prohibited from being stored in the pharmaceutical refrigerators. They are to be stored in the employee refrigerator located in the break room.

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Standard Operating Procedure

Section: Warehouse Operations
Warehouse Temperature/Humidity Monitoring

Policy: WARE004
Approval: _____

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Revision: February 2021

Responsible Persons

Warehouse Supervisor, Warehouse Employees, Designated Representative In-Charge. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure proper temperature and humidity control for the warehouse.

Procedure

1. The temperature of the warehouse and humidity are to be recorded twice daily during work days. This will be recorded on Temp/Humidity log with time, date and Designated Representative initials. Any readings out of range will be reported to Management immediately.

2. The Warehouse temperature shall ideally remain at controlled room temperature which can range from 68 degrees Fahrenheit to 77 degrees Fahrenheit. Humidity ranges shall ideally be at 50% or below. The warehouse temperature and humidity are electronically monitored by Alarm.Com 24 hours per day, 7 days per week, 365 days per year, such that if the temperature or humidity falls out of range, PMW, Inc. is contacted. If the temperature or humidity falls out of range during non-business hours, then the Designated Representative is contacted, followed by the -President until someone is reached

3. Purses, coats, food, and drink will not be stored in prescription product storage areas.

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Standard Operating Procedure

Section: Warehouse Operations
Product Recall

Policy: WARE005
Approval: _____

Revision: February 2021

Responsible Persons

Warehouse Supervisor, Warehouse Employees, Designated Representative In-Charge. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure all product recalls are removed from inventory and all customers are notified.

Definitions

Market or Voluntary Withdrawals – a market withdrawal occurs when a product has a minor violation that would not be subject to FDA legal action. The firm removes the product from the market or corrects the violation.

Class III Recall – When the use of/or exposure to a violative product is not likely to cause adverse health consequences.

Class II Recall – When the use of/or exposure to a violative product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote.

Class I Recall – When there is a reasonable probability that the use of/or exposure to a violative product will cause serious adverse health consequences or death.

Procedure

Voluntary or Class III

- Upon notification by the manufacturer or distributor, present and past inventory is checked to verify if product is in-house or has been sold.

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Section: Warehouse Operations
Product Recall

Policy: WARE005
Approval: _____

- If inventory is present, the product will be handled in accordance to manufacturer/distributor instructions after it is placed in quarantine.

- If inventory has been sold, ALL customers will be contacted via fax and phone. If they have any recalled product, they will be instructed to return it and issued credit or replacement product. Customer will be required to sign and fax back letter stating if they have the product or not.

Class II

- Upon notification by the manufacturer or distributor, present and past inventory is checked to verify if product is in-house or has been sold.

- If inventory is present, the product will be handled in accordance to manufacturer/distributor instructions after it is placed in quarantine.

- If inventory has been sold, ALL customers will be contacted via email, fax or phone. A **faxed acknowledgement of receipt of our recall notice will be required.** If they have any recalled product, they will be instructed to return it and issued credit or replacement product. Customer will be required to sign and send back letter stating if they have the product or not.

Class I

- Upon notification by the manufacturer or distributor, present and past inventory is checked to verify if product is in-house or has been sold.

- If inventory is present, the product will be handled in accordance to manufacturer/distributor instructions after it is placed in quarantine.
- If inventory has been sold, ALL customers will be contacted via fax and phone. A **faxed acknowledgement of receipt of our recall notice will be required.** If they

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Product Recall

Policy: WARE005
Approval: _____

have any recalled product, they will be instructed to return it and issued credit or replacement product. Customer will be required to sign and fax back letter stating if they have the product or not.

All Manufacturer/Distributor Recall Notices are filed in Recall folder with a statement of PMW, Inc. Action Taken. (Copy of Customer list and associated acknowledgements of receipt.) These records will be maintained in house for a minimum of six years.

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Standard Operating Procedure

Section: Warehouse Operations
Quality Control

Policy: WARE006
Approval: _____

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Responsible Persons

General Manager (Designated Representative) and Designated Representative In-Charge. General Manager (Designated Representative) and Warehouse Supervisor, in coordination with the Designated Representative In-Charge, are responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure all aspects of warehouse operations are in accordance to Company standards in terms of shipping product, inventory, and Policies and Procedures.

Procedure

Daily Process

- Items are received by verifying NDC Numbers and Lot Numbers.
- Picked and Packed items are reviewed by (2) different personnel.
- Lot Numbers are recorded at the time of receiving and at the time of shipping.
- Secure Packing with (6) side process, bubble wrap or Styrofoam peanuts, and sided taping.

Weekly Process

- Weekly review and/or removal of short dated product.

Quarterly Process

Inventory Control

1. Inventory counts are performed (4) times per year: (2) complete counts are performed biannually in December and June. (2) spot counts are performed biannually in March and September.

2. Inaccuracies of inventory are corrected at the time of inventory

Annual Process

- Policies and Procedures are to be reviewed annually, at the first of the year, and adjusted as needed.

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Standard Operating Procedure

Section: Warehouse Operations
Destroyed or Damaged Product

Policy: WARE007
Approval: _____

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Revision: February 2021

Responsible Persons

Warehouse Supervisor, Warehouse Employees, Designated Representative In-Charge. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure all damaged product or product not eligible for resale is destroyed properly.

Procedure

Applies to receiving damaged product or product damaged in workplace. If product is damaged, the first step is to determine whether the product is hazardous or not.

Hazardous Product

1. If damaged product is deemed hazardous, warehouse personnel will put on latex gloves and carefully place damaged product into a plastic bag and place in the designated quarantine area.
    - If this cannot be done, contact local biohazard company or Hazmat.
2. Contact Vendor and determine method for disposing. Follow vendor instructions.
3. If Vendor instructs PMW, Inc. personnel to destroy product, follow Reliable Pharmaceutical Returns, L.L.C. guidelines to send to Reliable Pharmaceutical Returns, L.L.C. Returns.
4. All documentation of products sent to Reliable Pharmaceutical Returns, L.L.C. is retained in house for a minimum of 6 years.

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Standard Operating Procedure

Section: Warehouse Operations
Destroyed or Damaged Product

Policy: WARE007
Approval: _____

Revision: February 2021

Non-Hazardous Product

1. Clean product up and dispose of all product in plastic bag and place bag in quarantine area.

2. Contact Vendor and determine method for disposing. Follow vendor instructions.

3. If Vendor instructs PMW, Inc. personnel to destroy product, follow Reliable Pharmaceutical Returns, L.L.C. guidelines to send to Reliable Pharmaceutical Returns, L.L.C. returns.

4. All documentation of products sent to Reliable Pharmaceutical Returns, L.L.C. is retained in house for a minimum of 6 years

DOPL

Standard Operating Procedure

Section: Warehouse Operations
Vendor Returns

Policy: WARE008
Approval: _____

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Revision: February 2021

Responsible Persons
Warehouse Supervisor, Warehouse Employees and Designated Representative In-Charge. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure proper processes are followed, guaranteeing proper credits for all Vendor Returns.

Procedure

Applies to: Recalls, Incorrect orders, expired or short dated product, damaged product

1. If return to a wholesaler (Medline, McKesson, Insource), order a RMA number. Product cannot be returned without one. When RMA paperwork arrives, pull product from the shelves and place into tote. Give the tote to the Carrier of the wholesaler with appropriate paperwork (RMA usually requires signature stating proper conditions were maintained for the product).

2. If the return needs to go back to the manufacturer, contact the manufacturer to order a RMA number. RMA will or will not be issued.

RMA ISSUED

1. Once RMA Number is issued, pack product according to RMA instructions.

2. Ship product.

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Standard Operating Procedure

Section: Warehouse Operations
Vendor Returns

Policy: WARE008
Approval: _____

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3. Remove product from inventory via inventory adjustment. If Manufacturer issues a credit, it will be applied towards the inventory adjustment.

RMA Not Issued or Approved For Return

1. Product must be destroyed when it expires. Follow WARE007 – Destroyed or damaged product. Remove product from inventory via inventory adjustment. Code the distribution as expired/damaged inventory.

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Standard Operating Procedure

Section: Warehouse Operations
Suspected Counterfeit Drugs

Policy: WARE009
Approval: _____

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Revision: February 2021

Responsible Persons
Warehouse Supervisor ,and Designated Representative In-Charge. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose
To ensure proper steps are taken if a product is suspected to be or is counterfeit.

Procedure

1. If PMW, Inc. receives contraband, counterfeit, or suspected counterfeit legend drugs, or finds other evidence of criminal activity, (i.) the product will immediately be put into quarantine, (ii.) the board (DOPL) and the Federal Food and Drug Administration will be contacted within 24 hours, and (iii.) accompanying documentation suspected of or determined to be counterfeit or fraudulent, are retained until a disposition is authorized by the board (DOPL) and the federal Food and Drug Administration.

2. Any shipping, immediate, or sealed outer or secondary container or labeling, and accompanying documentation, suspected of or determined to be counterfeit or fraudulent, will be put in quarantine and retained until a disposition is authorized by the board (DOPL) and the federal Food and Drug Administration.

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Standard Operating Procedure

Section: Warehouse Operations
Expired Product

Policy: WARE010
Approval: _____

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Revision: February 2021

Responsible Persons

Warehouse Supervisor, Designated Representative In-Charge. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure that all short-dated and expired lots are removed from inventory, thereby maintaining the efficacy of product shipped.

Procedure

Monthly Audit

1. Every first Monday of each month, (or following business day if facility is closed for Holidays) an inventory report is run itemizing each product. Expired products are then high-lighted.

2. All expired products are put into a quarantined area and are returned to either the manufacturer or licensed returns facility (Reliable Pharmaceutical Returns, L.L.C.).

3. A warehouse employee will record each product and quantity of product pulled and packed for Reliable Pharmaceutical Returns, L.L.C.. The Warehouse Supervisor will then double check the list to make sure accurate product and quantities are packed. All disposal of products are done via Reliable Pharmaceutical Returns, L.L.C..

4. The Warehouse Supervisor will remove the expired product that has been packed from the inventory via an Inventory Adjustment. Each item will be assigned a unique distribution code to show it is expired. A printout of the inventory removal will be stored in a folder called "Inventory Adjustments" and the current year, for example, Inventory Adjustments 2009. A written explanation will be on the printed copy as well. These documents will be stored on site for 6 years.

5. An Invoice will be created for all expired product to be shipped to Reliable Pharmaceutical Returns, L.L.C. invoices will be stored on site for 6 years.

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Standard Operating Procedure

Section: Warehouse Operations
Training

Policy: WARE011
Approval: _____

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Revision: February 2021

Responsible Persons

General Manager (Designated Representative), Warehouse Employees and Designated Representative In-Charge. General Manager, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure all warehouse operations listed in the warehouse Policies and Procedures are demonstrated by warehouse employees and that all warehouse employees are thoroughly trained.

Procedure

Warehouse Operations training is a hands-on application. All training expectations are covered by warehouse Policy and Procedures. Training is expected to last no more than (5) days.

1. Designated Representative In-Charge initiates the Warehouse Training Guide form for all new employees (See Attachment). This completed guide is filed in human resources employee file upon completion of training.

2. Designated Representative In-Charge reviews all applications in detail using Policy and Procedures, live software applications, real sales orders and actual orders to conduct all training applications.

3. Upon completion of each topic, Designated Representative In-Charge signs off on employee training guide. Upon completion of all training topics, satisfactory demonstration of all processes must be achieved before Designated Representative In-Charge signs off on final checks.
    - The training guide is a guideline for average training timelines; however, Designated Representative In-Charge is expected to coordinate training sessions with needs of the new employee to ensure thorough and efficient training.

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Standard Operating Procedure

Section: **Purchasing**

Policy: WARE013
Approval: _____

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Revision: February 2021

Responsible Persons
Sales and Purchasing Manager (Designated Representative) and Designated Representative In-Charge. Sales and Purchasing Manager, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Enforced By
Sales and Purchasing Manager

Purpose
To establish guidelines for purchasing ensuring proper paper trails and accountability is followed.

Procedure

1. Products shall only be purchased from licensed suppliers who are qualified to sell them. They must be registered with the FDA, licensed by both their resident state board of pharmacy and UT Board of pharmacy, provide T3's unless otherwise required and sign a vendor agreement. If all of the above is not met, we can deny doing business with the vendor.

2. The only people who can create purchase orders and place orders are the Sales and Purchasing Manager, President, Office Manager, and General Manager.

3. For every item received into the warehouse as inventory there must be a purchase order created and in place so that the item may be received into our database.

4. All purchase orders placed with manufacturers and distributors must be generated at the time of ordering. When creating the order this information must be on the PO: with whom, what item, quantity, and price.

5. All records/receipts are kept on file for a minimum of 6 years in house.

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Standard Operating Procedure

Section: Warehouse Operations
Storage & Security

Policy: WARE014
Approval: _____

 Revision: February 2021

Responsible Persons

Warehouse Supervisor and Designated Representative In-Charge. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure storage of product is secure by warehouse security, warehouse storage, office building security, IT security, and waste management.

Procedure

Warehouse Security

1. All dangerous drugs are stored in a secured and alarmed environment. Alarm system is monitored by Alarm.Com. The storage area is alarmed at all entry/exit points and a secure arming/disarming password is only known to licensed personnel.
    a. There are door alarms on both entrances to the warehouse, the single door from inside the building, and the roll up door leading to outside the building.
    b. There is 1 motion detector in the warehouse.
    c. A key pad is located outside the warehouse.

2. Only a Licensed Designated Representative in good standing may posses a unique key for the warehouse. At no time may this unique key be given to any unlicensed person or stored in a place where unauthorized, unlicensed personnel have access. Warehouse door locks automatically when door is closed.
3. Entry into the warehouse is limited to authorized personnel.

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Section: Warehouse Operations
Storage & Security

Policy: WARE014
Approval: _____

Revision: February 2021

4. An after-hours alarm system is set up to notify licensed personnel of any after-hours entry of unauthorized personnel for the detection of theft. Alrm.Com will first notify the Designated Representative In-Charge, if not available the President. Once deemed a "genuine disturbance", Alarm.Com will then notify the police department.
5. All interior and exterior areas to the storage area well lighted.

Warehouse Storage:

6. The storage area/warehouse is of suitable size and construction to facilitate cleaning, maintenance, and proper wholesale distribution operations.
7. The warehouse is in clean and orderly condition, and is infestation free. The Warehouse Supervisor is responsible for sweeping, vacuuming, and general house-keeping duties of the warehouse.
8. There are adequate storage areas to provide appropriate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions.
9. A quarantine area (Locked Gated Area of Storeroom) marked with "Quarantined" Signage" across the front doors, is set up for separate storage of legend drugs that are outdated, damaged, deteriorated, misbranded, adulterated, counterfeit, suspected counterfeit, otherwise unfit for distribution, or contained in immediate or sealed secondary containers that have been opened.

Office Building Security

1. President, Sales and Purchasing Manager and Designated Representatives have main entrance/front door keys and alarm codes. Sales representatives and other Employees enter through the main entrance after opening business hours (usually 6am).

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Standard Operating Procedure

Section: Warehouse Operations
Storage & Security

Policy: WARE014
Approval: _____

Revision: February 2021

2. Truck and delivery drivers enter through the back entrance of the Warehouse (roll-up door). All delivery/pick-up drivers are escorted by a PMW, Inc. representative at all times.
3. Door Alarms are installed at all entries/exits to the building (1 front door, warehouse roll-up door, dock doors and warehouse entry door). There are also motion detectors and glass breaks in the main office area and warehouse area.
4. Warehouse Supervisor, President and Sales and Purchasing Manager respond to office alarms. Once deemed a "genuine disturbance", Alarm.Com will then notify the police department.

IT Security

1. Our centralized network is a Windows Active Directory Domain.
2. Passwords are reset every three months.
3. The interval for inactivity timeouts is 30 minutes.
4. In case of power outages, all servers and network equipment are on battery backup.

Waste Management

1. All trash that is removed from the warehouse will be double checked by a designated representative to detect or deter theft.
2. When trash contains containers, labels, and packaging that contains product information, a black sharpie is used to mark an "X" across the product information before taken out to the dumpster.

Consequences

First time violators to security policies and procedures will be given a "documented" verbal warning. If a second violation occurs, a written warning will be administered along with a Plan for Improvement. Consequences of further infractions may include up to suspension and/or termination.

PMW, Inc.
2233 S. Presidents Dr. Suite A
West Valley City, UT 84120

Standard Operating Procedure

Section: Warehouse Operations
Inventory & Reporting of Theft

Policy: WARE015
Approval: _____

Revision: February 2021

Responsible Persons

Warehouse Supervisor, Designated Representative In-Charge, Officers of the Company. Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose

To ensure the appropriate steps are taken to investigate, reconcile and report products that have been diverted.

Procedure

1. The Warehouse Supervisor is responsible for maintaining accurate inventory counts for all dangerous drugs received and shipped.
   a. The Designated Representative must perform regular checks with the receiving and shipping process to ensure accuracy of lots recorded.

2. The Warehouse Supervisor is responsible for reconciling inventory records for misplaced or receiving errors in inventory. This is done via an Item Transaction in our database. Records are maintained for 6 years. There is a zero threshold for lost inventory. Any inventory shortages are diligently researched until status of missing product is known.

3. The Warehouse Supervisor is responsible for notifying the Designated Representative In-Charge who is responsible for notifying the Food and Drug Administration (FDA) and the State Board of Pharmacy, within 24 hours, in the event of suspected diverted product to include, but not limited to:
   a. The name of the drug
   b. The quantity missing
   c. Any information as to who, when, and how the product may have been diverted.

PMW, Inc.
2233 S. Presidents Dr. Suite A
West Valley City, UT 84120

Standard Operating Procedure

Section: Warehouse Operations
Inventory & Reporting of Theft

Policy: WARE015
Approval: _____

Revision: February 2021

4. At a minimum, quarterly inventory counts must occur and any discrepancies in inventory must be investigated, researched, and reconciled before the start of the next business day.
    a. Any un-reconciled items must be reported to the Food and Drug Administration (FDA) State Board of Pharmacy within 24 Hours.

Inventory Discrepancy Reconciliation

1. Upon discovery of inventory discrepancies Designated Representative will pull shipping and receiving records for product in question, along with quarantine logs and shipping documentation to determine the point the discrepancy occurred.

2. Designated Representative will access QuickBooks Inventory system and make adjustments to correct any discrepancy, notating the reason for the inaccuracy.

3. If there are discrepancies with any Rx item that requires a T3 (transactional data records) the Designated Representative will "Flag" the item in PMW, Inc. Excel Transaction From and properly notate the issue.

4. If it is determined that there is a loss of product or other suspicious activity surrounding the discrepancy that requires notification, the proper authorities will be notified within 24 hours of discovery.

PMW, Inc.
2233 S. Presidents Dr. Suite A
West Valley City, UT 84120

Standard Operating Procedure

Section:	Warehouse Operations Disaster Preparedness	**Policy:** WARE017 **Approval:** _____
Page 1 of 2		**Revision: February 2021**

Responsible Persons
Warehouse Supervisor, Designated Representative In-Charge, Warehouse Employees.
Warehouse Supervisor, in coordination with the Designated Representative In-Charge, is responsible for ensuring all affected employees receive documented training on this policy and procedure and procedures are adhered to.

Purpose
To ensure all products/records are safe during a Natural Disaster or government emergency that affects the facility's security or operation.

Procedure

If a natural disaster, government emergency or lasting energy outage occurs, and PMW, Inc. storage capabilities, operations, or security are compromised, notification of the proper agencies and the following will take place:

Products

1. All pharmaceuticals products will be packed into boxes and labeled PMW, Inc. All refrigerated products will be packed in Styrofoam containers along with appropriate ice-packs and labeled PMW, Inc.
2. A current inventory list will be printed from our database and placed with the packed products. If our database is not accessible, the last printed inventory list will be placed with the products.
3. If PMW, Inc. is inoperable for 10 or more days, the DEA and State Board of Pharmacy will be notified.
4. Once PMW, Inc. is operable again, products are assessed to ensure their integrity. If a product's integrity is in doubt, it must be quarantined until it is destroyed or returned to the manufacturer or wholesaler from which it was acquired. If product is temperature sensitive, and was not able to be placed in Styrofoam containers with ice-packs, the manufacturer will be contacted for help in assessment.

PMW, Inc.
2233 S. Presidents Dr. Suite A
West Valley City, UT 84120

Standard Operating Procedure

Section: Warehouse Operations
Disaster Preparedness

Policy: WARE017
Approval: _____

Page 2 of 2

Revision: February 2021

Phone Tree

An employee phone tree containing employees' extensions, cell phone numbers, and emergency contact numbers is located in the warehouse as well as the controller's office. It is updated on an annual basis.

Records

1. All paper records will be stored offsite.
2. All Electronic Records are stored on a back-up drive and removed daily to offsite location.

PMW, Inc.
2233 S. Presidents Dr. Suite A
West Valley City, UT 84120

Standard Operating Procedure

Section: Warehouse Operations
Customer Returns

Policy: WARE018
Approval: _____

Page 1 of 2 **Revision: February 2021**

Responsible Persons
Warehouse Supervisor, Warehouse Employees

Purpose
To ensure all products returned by a customer are accurate, not compromised, and have not been damaged in storage or held under improper conditions.

Procedure

1. Customer must notify PMW, Inc. within 4 days of receipt of the product.

2. The sales representative that sold the product must fill out a Return Authorization form. Once approved by the warehouse supervisor, the customer may ship back the product.

3. Product shall be shipped via an approved carrier, either Fedex or UPS.

4. Credit will not be issued until product has been received and inspected by PMW, Inc.

5. Product must be sealed in its original package, unmarked, within the expiration date, and have been stored in compliance with USP Drug monographs, FDA guidelines, and manufacturer requirements.

6. Refrigerated products and special orders are not returnable, unless approved by Sales and Purchasing Manager. The customer must attach a signed letter stating that product has been stored under conditions listed on the manufacturer's label. Refrigerated products must be returned in Styrofoam coolers with frozen gel packs, priority overnight.

7. Credit will be issued in a timely manner upon approval.

8. If the conditions under which a legend drug has been returned casts doubt on its safety, identity, strength, quality, or purity, the drug is put into quarantine until it is sent to Reliable Pharmaceutical Returns, L.L.C. for destruction.

9. If returned product meets the requirements in Procedure # 5, it is then returned to stock for resale.

PMW, Inc.
2233 S. Presidents Dr. Suite A
West Valley City, UT 84120

Standard Operating Procedure

Section: Warehouse Operations
Customer Returns

Policy: WARE018
Approval: _____

Revision: February 2021

Correcting Incorrectly Shipped Product:

Responsible Persons
Designated Representative in Charge, Warehouse Supervisor, Warehouse Employees, Sales Representative

Purpose
To reconcile inventory records for items which were incorrectly shipped.

Procedure

1. Sales Representative and Warehouse Supervisor follow Customer Return procedure as outlined.

2. If item is an Rx which required T3 (transaction data) Designated Representative will "Flag" Shipment in the PMW, Inc Transaction Excel Form, notate discrepancy in Customer Notes and on invoice comments.

3. QuickBooks is updated to reflect correct inventory and make any needed corrections to Invoice.

PMW, Inc
2233 S. Presidents Dr. Suite A
West Valley City, UT 84120

Standard Operating Procedure

Section: Warehouse Operations
Licensing

Policy: WARE020
Approval: _____

Page 1 of 1

Revision: February 2021

Responsible Persons
Sales and Purchasing Manager (Designated Representative) and Designated Representative In-Charge. Sales and Purchasing Manager, in coordination with Designated Representative In-Charge, is responsible for ensuring all affected employees received documented training on this policy and procedure and procedures are adhered to.

Purpose
To ensure licenses are maintained in all applicable jurisdictions.

Procedure

1. Stay current with all applicable statutes and regulations in all applicable jurisdictions.
    - Every first of the year, visit each Board of Pharmacy and revisit statutes and regulations of areas we sell into.
    - If a law or regulation differs from Board to Board, PMW, Inc. will comply with the most stringent law or regulation.
2. All Licenses are entered into an excel spreadsheet. This spreadsheet contains the State and Agency, Name and Address to which the permit is issued, Type of License, License Number, and Expiration Date.
3. Every time a renewal comes in, the spreadsheet is updated to have the current information.
4. The License Spreadsheet is revisited every 3 months in order to ensure expiration dates are current.

Pedigree/T3 Recording Policy

File Naming Format

- Inbound
  - Date, IB, T3/PS/INV/DSCSA, Vendor Name, PMW PO#, NDC#, QTY
    - i.e: 101521 IB PS MCKESSON PO#1234 00264-7000-00 QTY-16
- Outbound
  - Date, OB, T3/PO/INV/OC, Customer Name, PMW INV#, NDC#, QTY
    - i.e: 101521 OB T3 ABC CLINIC INV#12346 00264-7000-00 QTY-16

Inbound Transaction

- Scan Packing Slip or Invoice to PDF File
  - Title it according to instructions above.
  - Save it to "Inbound T3" folder on PMW Server.

- Download DSCSA if product is coming from an Authorized Distributor
  - Title it according to instructions above.

- Create Inboud Transaction with PMW, Inc. Excel Transaction Form.
  - Upload DSCSA or existing T3 before saving.

- Download newly generated T3 and save it to "Inbound T3" folder on PMW Server.
  - Title it according to instructions above.

- In Quickbooks, go to Item Receipt and receive the item.
  - Note Lot#'s and Expiration Dates
  - In Item Receipt, attach the following:
    - Packing Slip or Invoice
    - Newly Generated Inbound T3

Outbound Transaction

- Scan Purchase Order or Order Confirmation to PDF File
  - Title it according to instructions above.
  - Save it to "Outbound T3" folder on PMW Server.

- Create Outbound Transaction with Excel Transaction Form.

- Download newly generated T3 and save it to "Outbound T3" folder on PMW Server.
  - Title it according to instructions above.

- In Quickbooks, create Invoice.

- Note Lot#'s and Expiration Dates
- Attach the following to the invoice:
  - Purchase Order or Order Confirmation
  - Newly Generated Outbound T3

PMW, Inc.
2233 S. Presidents Dr. Suite A
West Valley City, UT 84120

Warehouse Training Guide

Employee: _____ Supervisor: _____ Date: _____

			Review	Hands-On
Day 1				
	Orientation:	Review Employee Handbook	_____	_____
		Review Administrative Procedures	_____	_____
		Company Overview / Facility Tour	_____	_____
		Warehouse Overview	_____	_____
	Warehouse:	Intro to Computer Systems / Logons	_____	_____
		Brief Overview of CRM	_____	_____
		Extensive Review of Sales Order	_____	_____
		Review Warehouse Layout	_____	_____
		Familiarize with product	_____	_____
Day 2				
	Warehouse:	Review Pulling and Packing Product	_____	_____
		Recording Lots / NDC's	_____	_____
		Review Shipping Procedures:	_____	_____
		Fedex	_____	_____
		UPS	_____	_____
		Invoicing Orders	_____	_____
		Continue Computer Training	_____	_____
Day 3				
	Warehouse:	Review Receiving Product	_____	_____
		Review Verifying Product	_____	_____
		Review Pedigrees	_____	_____
		Stocking Product	_____	_____
		Practice Pulling and Packing Product	_____	_____
		Review Clean up Process	_____	_____
	Accounting:	Review Order/ PO Requirements	_____	_____
Day 4				
	Warehouse:	Review inventory control (short-dated)	_____	_____
		Ordering Supplies	_____	_____
		Restocking Shelves	_____	_____
		Creating PO's and Basic Ordering	_____	_____
		Practice Picking, Packing and Shipping	_____	_____
Day 5				
	Warehouse:	Customer Returns	_____	_____
		Vendor Returns	_____	_____
		Practice Picking, Packing and Shipping	_____	_____
		Review Quarantine/Contraband P&P's	_____	_____
		Final Review/ Final Hands on Check Off	_____	_____

Training/Education with respect to handling of Dangerous Drugs and Medical devices

In accordance with PMW, Inc. Standard Operating Procedures (SOP) and DOPL, all Standard Operating Procedures are reviewed by effected employees.

Employee Name _____

Employee Title _____

I have received training in all the SOP categories to maintain compliance above the minimum standards.

My initials and date on the bottom of the attached SOP copy verifies I am aware and trained on the company SOP's.

_____ _____

Signature Date

2233 S. Presidents Dr. Suite A West Valley City, UT 84120
Phone: 866-885-3190

4GG

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: SMITHS PHARMACY #331

Physical Address: 845 E LAKE MEAD PKWY

City: HENDERSON State: NV Zip Code: 89011 Telephone: 702-268-2885

Fax: 702-425-8854 Toll Free Number:_____

E-mail: RXLICENSING@KROGER.COM

Website: WWW.SMITHSFOODANDDRUG.COM

Managing Pharmacist: LISA HAMMEL License Number: 19218 ✓ OK MH 5/20/21

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☑	Retail	☑	Off-site Cognitive Services
☑	Hospital (# beds____)	☑	Parenteral
☑	Internet	☑	Parenteral (outpatient)
☑	Nuclear	☑	Outpatient/Discharge
☑	Ambulatory Surgery Center	☑	Mail Service
☑	Community	☑	Long Term Care
☑	Other: _____	☑	Sterile Compounding
		☑	Non Sterile Compounding
		☑	Mail Service Sterile Compounding
		☑	Other Services: _____

All boxes must be checked
For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

William Shinton
Print Name of Authorized Person

5/6/2021
Date

Board Use Only	Date Processed:	Amount: -500 MO # 19301561781

Processed 9/1/21

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: OHIO

Parent Company if any: THE KROGER CO

Corporation Name: SMITH'S FOOD AND DRUG CENTERS, INC

Mailing Address: 1014 VINE ST

City: CINCINNATI State: OHIO Zip: 45202

Telephone: 513-762-1090 Fax: 513-762-1092

Contact Person: VICTORIA ANDREWS

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: 11/14/2003

Registration number issued: C20141212-1185

Stock Exchange: TRADED UNDER PARENT COMPANY THE KROGER CO. TICKER SYMBOL "KR"

Hours of Operation for the pharmacy:

Monday thru Friday	9	am	8	pm	Saturday	9 am	6 pm
Sunday	10	am	5	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.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, William Shinton

Responsible Person of The Kroger Co

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

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

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

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

William Shinton
Print Name of Authorized Person

8/6/2021
Date

Managing Pharmacist

Pharmacist Name: To Be Determined - Contact Lisa Hammel License #: 19218

Pharmacy Name: Smith's Pharmacy #331

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 8-17-21

Lisa,

Per our discussion you can only be the manager at one store at a time. Please submit the application as the manager is to be determined. You can list yourself as the contact for the manager.

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

Lisa Hammel
[redacted]
Lisa.Hammel@sfdc.com

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SMITH'S FOOD & DRUG CENTERS, 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 11/14/2003, 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 08/03/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202108031887619
You may verify this certificate online at http://www.nvsos.gov

Smith's Food & Drug Centers, Inc.

Name	Title	Address	Phone	DOB	SSN
Kimball, Kenneth C.	President - Smith's	[redacted] West Dutch Lane Kaysville, UT 84037	[redacted]		
Wheatley, Christine S.	Vice President and Secretary	[redacted] Lafayette Circle Cincinnati, OH 45220			
Barth, Peter H.	Vice President and Assistant Secretary	[redacted] Wilshire Circle Salt Lake City, UT 84109			
Fike, Carin L.	Vice President and Treasurer	[redacted] Brill Road Cincinnati, OH 45243			
Landrum, Rick J.	Vice President	[redacted] Muirwoods Court Cincinnati, OH 45242			
Roberts, Dorothy D.	Assistant Secretary	[redacted] Whispering Oak Trail Cincinnati, OH 45247			
Bradley, Joseph W.	Assistant Treasurer	[redacted] Abbott Rd. Batavia, OH 45103			

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler SMITHS PHARMACY #331

Physical Address 845 E LAKE MEAD PKWY

City HENDERSON State NV Zip 89011

Mailing Address (if different from physical address) 1014 VINE ST

City CINCINNATI State OH Zip 45202

Telephone 513-762-1090 Website WWW.SMITHSFOODANDDRUG.COM

Licensing Company Email RXLICENSING@KROGER.COM

Section 2: Personal Information

First LISA Middle ANN Last HAMMEL

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]ANDEZANO DR

City LAS VEGAS State NV Zip 89135

Telephone [redacted] Email LISA.HAMMEL@SFDC.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials LH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF WISCONSIN - MADISON		08/05-05/11	
Address	**City**	**State**	**Zip**
777 HIGHLAND AVE	MADISON	WI	53705
Diploma/Degree obtained, if any			
DOCTOR OF PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
JI CASE HIGH SCHOOL		08/01-05/05	
Address	**City**	**State**	**Zip**
7345 WASHINGTON AVE	RACINE	WI	53406
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/17-CURRENT	[redacted]ANDEZANO DR	LAS VEGAS	NV	89135
01/16-04/17	9425 SPARINGLING WING CT	LAS VEGAS	NV	89148
03/14-12/15	1102 BEDFORD CT	RACINE	WI	53406
01/13-03/14	4840 INDIAN HILLS DR APT 1	MOUNT PLEASANT	WI	53406
08/11-01/13	409 E CENTENNIAL DR	OAK CREEK	WI	53154

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
SMITH'S FOOD AND DRUG COMPANY			01/16-CURRENT	
Business Address		**City**	**State**	**Zip**
2211 N RAMPART BLVD		LAS VEGAS	NV	89128
Phone	**Title**		**Number of Employed Hours**	
702-262-5114	PHARMACY PRACTICE COORDINATOR, PHARMACIST		11,786	
Description of Duties				
OVERSEE COMPLIANCE OF MULTIPLE PHARMACIES THROUGHOUT NEVADA AND ARIZONA, PREVIOUSLY A PHARMACY MANAGER AND STAFF PHARMACIST				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**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	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials UH

I, LISA HAMMEL, **certify that as the designated representative for** SMITHS PHARMACY #331,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Lisa Hammel
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-27-21
Date

Applicant's initials LH

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.

Lisa Hammel
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-27-21
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Lisa Ann Hammel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-27-21
Date

Subscribed and Sworn to before me this 27th day of August, 2021

Notary Public Signature

KATY VITTORINO
Notary Public, State of Nevada
No. 21-0870-01
My Appt. Exp. June 27, 2022

(Seal)

Applicant's initials LH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler SMITHS PHARMACY #331

Physical Address 845 E LAKE MEAD PKWY

City HENDERSON State NV Zip 89011

Mailing Address (if different from physical address) 1014 VINE ST

City CINCINNATI State OH Zip 45202

Telephone 513-762-1090 Website WWW.SMITHSFOODANDDRUG.COM

Licensing Company Email RXLICENSING@KROGER.COM

Section 2: Personal Information

First LISA Middle ANN Last HAMMEL

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]ANDEZANO DR

City LAS VEGAS State NV Zip 89135

Telephone [redacted] Email LISA.HAMMEL@SFDC.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials LH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF WISCONSIN - MADISON		08/05-05/11	
Address	**City**	**State**	**Zip**
777 HIGHLAND AVE	MADISON	WI	53705
Diploma/Degree obtained, if any			
PHARMD			

School Name		From - To (MM/YY – MM/YY)	
JI CASE HIGH SCHOOL		08/01-05/05	
Address	**City**	**State**	**Zip**
7345 WASHINGTON AVE	RACINE	WI	53406
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/17-CURRENT	[redacted]ANDEZANO DR	LAS VEGAS	NV	89135
01/16-04/17	9425 SPARKLING WING CT	LAS VEGAS	NV	89148
03/14-12/15	1102 BEDFORD CT	RACINE	WI	53406
01/13-03/14	4840 INDIAN HILLS DR APT 1	MOUNT PLEASANT	WI	53406
08/11-01/13	409 E CENTENNIAL DR	OAK CREEK	WI	53154

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
SMITH'S FOOD AND DRUG COMPANY			01/16-CURRENT
Business Address	**City**	**State**	**Zip**
2211 N RAMPART BLVD	LAS VEGAS	NV	89128
Phone	**Title**		
702-262-5114	PHARMACY PRACTICE COORDINATOR, PHARMACY MANAGER, PHARMACIST		
Description of Duties			
OVERSEE COMPLIANCE OF MULTIPLE PHARMACIES THROUGHOUT NEVADA AND ARIZONA			

Business Name			From - To (MM/YY – MM/YY)
PICK 'N SAVE PHARMACY			02/14-12/15
Business Address	**City**	**State**	**Zip**
2811 18TH ST	KENOSHA	WI	53140
Phone	**Title**		
262-597-0110	PHARMACY MANAGER, MTM POINT PERSON, PHARMACIST		
Description of Duties			
MANAGED A PHARMACY AFTER STAFFING AND FLOATING			

Business Name			From - To (MM/YY – MM/YY)
LAKEVIEW PHARMACY AND LAKEVIEW LTC PHARMACY			05/11-01/14
Business Address	**City**	**State**	**Zip**
516 MONUMENT SQ	RACINE	WI	53403
Phone	**Title**		
262-632-0520	STAFF PHARMACIST, IMMUNIZATION SERVICES COORDINATOR		
Description of Duties			
STAFFED THE RETAIL AND LTC PHARMACIES			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials UH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials UH

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.

Lisa Hammel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Lisa Ann Hammel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-27-21

Date

Subscribed and Sworn to before me this 27th day of August, 2021

Notary Public Signature

(Seal)

KATY VITTORINO
Notary Public, State of Nevada
No. 21-0870-01
My Appt. Exp. June 27, 2022

Applicant's initials LH

Mark I. Sedar

From: Andrews, Victoria L <victoria.andrews@kroger.com>
Sent: Thursday, August 26, 2021 9:35 AM
To: Mark I. Sedar
Subject: Smith's Pharmacy #331 Phone No

Hi Mark,
Per our conversation, below is the phone and fax numbers for our new Smith's Pharmacy #331, 845 E Lake Mead Pkwy Henderson, NV 89011. The application you received says "Pending."

Phone# (702) 268-2885
Fax # (702) 425-8854

Please let me know if you need any additional information.

Thank you,
Vicki Andrews
Manager of Licensing | Kroger Health | 555 Race Street | Cincinnati, OH 45202 | Phone: 513.762.1090
victoria.andrews@kroger.com

Our Vision: To help people live healthier lives

This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain information that is confidential and protected by law from unauthorized disclosure. 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.

4HH

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: PH04115
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☑ Partnership - Pages 1,2,6,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Well Care Services Reno, LLC to Well Care Apothecary, LLC

Physical Address: 275 S Wells Ave Ste B

City: Reno State: Zip Code: NV, 89502 Telephone:

775-313-0530 Fax: 775-209-7150 Toll Free Number:

E-mail: Wells@mywellcarepharmacy.com

Website: www.mywellcarepharmacy.com

Managing Pharmacist: Steve Dang License Number: 15058

ok MH 8/19/21

TYPE OF PHARMACY AND SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

Marcelino Casal
Print Name of Authorized Person

8/10/2021
Date

Board Use Only Date Processed:_____ Amount: 500 check # 9C18841462

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: Marcelino Casal %: 68.46

Name: Maximillian Casal %: 23.18

Name: Kristine Yumul Thompson %: 5.09

Name: _____ %: _____

Partnership Name: Well Care Group Parent Holdings LLC

Mailing Address: 3312 W Charleston Blvd

City, State Zip Code: Las Vegas, NV 89102

Telephone Number: 7024107825 Fax Number: 7029460409

Contact Person: Marcelino Casal

List any physician shareholders and percentage of ownership.

Name: Michael Casal %: 2.18

Name: _____ %: _____

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: NV20161639285

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Marcelino Casal

Responsible Person of Well Care Services Reno LLC to Well Care Apothecary, 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

Marcelino Casal
Print Name of Authorized Person

8/10/2021
Date

Managing Pharmacist

Pharmacist Name: Steve Dang License #: 15058

Pharmacy Name: Well Care Services Reno, LLC to Well Care Apothecary, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 8/10/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Well Care Group Parent Holdings, LLC

Physical Address 275 S Wells Ave Ste B

City Reno State NV Zip 89502

Mailing Address (if different from physical address) 3312 W Charleston Blvd

City Las Vegas State NV Zip 89102

Telephone 775-313-0530 Website www.mywellcarepharmacy.com

Licensing Company Email wells @mywellcarepharmacy.com

Section 2: Personal Information

First Marcelino Middle Palma Last Casal

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Tyndrum Ave

City Henderson State NV Zip 89044

Telephone [redacted] Email Marce.Casal@mywellcarepharmacy.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Don Bosco			09/1974-06/1982	
Address	**City**		**State**	**Zip**
Philippines				
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
John Borroughs High School			09/1985-06/1988	
Address	**City**		**State**	**Zip**
1920 W Clark Ave	Burbank		CA	91506
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
University of the Pacific			09/2003-06/2006	
Address	**City**		**State**	**Zip**
3601 Pacific Ave	Stockton		CA	95211
Diploma/Degree obtained, if any				
Pharm D				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/09-Current	[redacted] Tyndrum Ave	Henderson	NV	89044
04/07-05/09	9586 Observer St	Las Vegas	NV	89123
12/03-04/07	632 Irving Dr	Burbank	CA	91504
07/00-12/03	2024 N Evergreen St	Burbank	CA	91505
08/83-07/00	206 N Screenland Dr	Burbank	CA	91505

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Well Care Pharmacy LLC			11/07-Current
Business Address	**City**	**State**	**Zip**
3312 W Charleston Blvd	Las Vegas	NV	89102
Phone	**Title**		
702-410-7825	CEO		
Description of Duties			
Leadership oversight of entity and business development			

Business Name			From - To (MM/YY – MM/YY)
New Hope Placement, LLC			2015-Current
Business Address	**City**	**State**	**Zip**
3312 W Charleston Blvd	Las Vegas	NV	89102
Phone	**Title**		
702-410-7825	CEO		
Description of Duties			
Leadership oversight of entity and business development			

Business Name			From - To (MM/YY – MM/YY)
Transformations Care, LLC			2016-Current
Business Address	**City**	**State**	**Zip**
3312 W Charleston Blvd	Las Vegas	NV	89102
Phone	**Title**		
702-410-7825	CEO		
Description of Duties			
Leadership oversight of entity and business development			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/10/2021
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marcelino Casal
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Marcelino Casal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/10/2021
Date

Subscribed and Sworn to before me this 10th day of August 2021.

Notary Public Signature

FRANCES MALINIS
Notary Public-State of Nevada
APPT. NO. 17-3939-1
My Appt. Expires 10-20-2021

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Well Care Group Parent Holdings, LLC

Physical Address 275 S Wells Ave Ste B

City Reno State NV Zip 89502

Mailing Address (if different from physical address) 3312 W Charleston Blvd

City Las Vegas State NV Zip 89102

Telephone 775-313-0530 Website www.mywellcarepharmacy.com

Licensing Company Email wells @mywellcarepharmacy

Section 2: Personal Information

First Marcelino Middle Palma Last Casal

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]Tyndrum Ave

City Henderson State NV Zip 89044

Telephone [redacted] Email marce.casal@mywellcarepharmacy.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials AMC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Don Bosco			09/1974-06/1982	
Address		City	State	Zip
Philippines				
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
John Borroughs High School			09/1985-06/1988	
Address		City	State	Zip
1920 W Clark Ave		Burbank	CA	91506
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
University of the Pacific			09/2003-06/2006	
Address		City	State	Zip
3601Pacific Ave		Stockton	CA	95211
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/09-Current	[redacted] Tyndrum Ave	Henderson	NV	89044
04/07-05/09	9586 Observer St	Las Vegas	NV	89123
12/03-04/07	632 Irving Dr	Burbank	CA	91504
07/00-12/03	2024 N Evergreen St	Burbank	CA	91505
08/83-07/00	206 N Screenland Dr	Burbank	CA	91505
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Well Care Pharmacy LLC			11/07-Current
Business Address	**City**	**State**	**Zip**
3312 W Charleston Blvd	Las Vegas	NV	89102
Phone	**Title**	**Number of Employed Hours**	
702-410-7825	CEO		
Description of Duties			
Leadership oversight of entity and business development			

Business Name			From - To (MM/YY – MM/YY)
New Hope Placement, LLC			2015-Current
Business Address	**City**	**State**	**Zip**
3312 W Charleston Blvd	Las Vegas	NV	89102
Phone	**Title**	**Number of Employed Hours**	
702-410-7825	CEO		
Description of Duties			
Leadership oversight of entity and business development			

Business Name			From - To (MM/YY – MM/YY)
Transformations Care, LLC			2016-Current
Business Address	**City**	**State**	**Zip**
3312 W Charleston Blvd	Las Vegas	NV	89102
Phone	**Title**	**Number of Employed Hours**	
702-410-7825	CEO		
Description of Duties			
Leadership oversight of entity and business development			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/10/2021

Date

Applicant's initials

I, Marcelino Casal, **certify that as the designated representative for**

Well Care Apothecary, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Marcelino Casal

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marcelino Casal

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Marcelino Casal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/10/2021

Date

Subscribed and Sworn to before me this 10th day of August 2021.

Notary Public Signature

FRANCES MALINIS
Notary Public-State of Nevada
APPT. NO. 17-3939-1
My Appt. Expires 10-20-2021

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Well Care Group Parent Holdings, LLC

Physical Address 275 S Wells Ave Ste B

City Reno State NV Zip 89502

Mailing Address (if different from physical address) 3312 W Charleston Blvd

City Las Vegas State NV Zip 89102

Telephone 775-313-0530 Website www.mywellcarepharmacy.com

Licensing Company Email wells@mywellcarepharmacy.com

Section 2: Personal Information

First KRISTINE Middle YUMUL Last THOMPSON

Alias(es, nicknames, name changes, etc.) KRISTINE PALMA YUMUL

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] SILVER COAST ST

City LAS VEGAS State NV Zip 89139

Telephone [redacted] Email KRISTINE@THEWELLCAREGROUP.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials KG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
UNIVERSITY OF CALIFORNIA RIVERSIDE			09/2002-06/2006
Address	**City**	**State**	**Zip**
900 UNIVERSITY AVE	RIVERSIDE	CA	92521
Diploma/Degree obtained, if any			
BACHELORS OF SCIENCE IN BIOLOGICAL SCIENCES WITH A CONCENTRATION IN MEDICAL BIOLOGY			

School Name			From - To (MM/YY – MM/YY)
VALENCIA HIGH SCHOOL			09/1998-06/2002
Address	**City**	**State**	**Zip**
27801 DICKASON DR	VALENCIA	CA	91355
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2018- PRESENT	[redacted] SILVER COAST ST	LAS VEGAS	NV	89139
02/2009-06/2018	6335 CHEVAL LAKE WAY	LAS VEGAS	NV	89148

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
MENTAL HEALTH CARE CONSULTANTS			2016-PRESENT
Business Address	**City**	**State**	**Zip**
3312 W Charleston Blvd	Las vegas	NV	89102
Phone	**Title**		
702-291-7121	Director of Operations/ Managing Partner		
Description of Duties			
Manages clinic operations at 5412 Boulder Hwy Las Vegas,NV 89122			

Business Name			From - To (MM/YY – MM/YY)
Medtrans			07/2015-2016
Business Address	**City**	**State**	**Zip**
3312 W Charleston Blvd	Las vegas	NV	89102
Phone	**Title**		
702-291-7121	Director of Operations		
Description of Duties			
Managed clinic operations at 5412 Boulder Hwy Las Vegas,NV 89122			

Business Name			From - To (MM/YY – MM/YY)
Well Care Pharmacy			07/2008-07/2015
Business Address	**City**	**State**	**Zip**
4101Wagon Trail Ave	Las vegas	NV	89119
Phone	**Title**		
702-431-3832	General Manager		
Description of Duties			
Managed Pharmacy Operations and Marketing			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔ ✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/11/21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KRISTINE THOMPSON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/11/21

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, KRISITNE THOMPSON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/11/21

Date

Subscribed and Sworn to before me this 11th day of August 2021.

Notary Public Signature

FRANCES MALINIS
Notary Public-State of Nevada
APPT. NO. 17-3939-1
My Appt. Expires 10-20-2021

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Well Care Group Parent Holdings, LLC

Physical Address 275 S Wells Ave Ste B

City Reno State NV Zip 89502

Mailing Address (if different from physical address) 3312 W Charleston Blvd

City Las Vegas State NV Zip 89102

Telephone 775-313-0530 Website www.mywellcarepharmacy.com

Licensing Company Email wells@mywellcarepharmacy.com

Section 2: Personal Information

First Michael Middle Palma Last Casal

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Stonebridge Circle

City Cookeville State TN Zip 38501

Telephone [redacted] Email m.casal@thewellcaregroup.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials JMC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Calidfornia, Davis School of Medicine			08/1990-06/1994	
Address		City	State	Zip
4610 X St		Sacramento	CA	95817
Diploma/Degree obtained, if any				
Medical Doctor				
School Name			From - To (MM/YY – MM/YY)	
Califiornia State University			01/1986-01/1990	
Address		City	State	Zip
5151 State University Dr		Los Angeles	CA	90032
Diploma/Degree obtained, if any				
PA Med				
School Name			From - To (MM/YY – MM/YY)	
John Burroughs High School			06/1982-05/1986	
Address		City	State	Zip
1920 W Clark Ave		Burbank	CA	91506
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2004-Current	[redacted]Stonebridge Circle	Cookeville	TN	38501
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Women's Health Services			2000-Present
Business Address	**City**	**State**	**Zip**
1080 Neal St #200	Cookeville	TN	38501
Phone	**Title**		
931-520-1529	Physician/Owner		
Description of Duties			
Physician			

Business Name			From - To (MM/YY – MM/YY)
Infinity Development Group			2003-Present
Business Address	**City**	**State**	**Zip**
1080 Neal St #200	Cookeville	TN	38501
Phone	**Title**		
931-520-1529	Owner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Infinity Family Practice			7/2010-Present
Business Address	**City**	**State**	**Zip**
1080 Neal St #102	Cookeville	TN	38501
Phone	**Title**		
931-526-3316	Owner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Infinity Birthing Center			2012-2017
Business Address	**City**	**State**	**Zip**
1080 Neal St #303	Cookeville	TN	38501
Phone	**Title**		
931-520-1529	Owner		
Description of Duties			
Closed			

Business Name			From - To (MM/YY – MM/YY)
Infinity Adult Day Services			08/2017 - 01/2021
Business Address	**City**	**State**	**Zip**
1080 Neal St#302	Cookeville	TN	38501
Phone	**Title**		
	Owner		
Description of Duties			
Closed			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Fire and Ice Cryo Med Spa			8/2018-Present
Business Address	**City**	**State**	**Zip**
650 S Jefferson Ave #112	Cookeville	TN	38501
Phone	**Title**		
931-559-3473	Partner		
Description of Duties			
Medical Director			

Business Name			From - To (MM/YY – MM/YY)
Attik Space			2010-2015
Business Address	**City**	**State**	**Zip**
2537 N Ontario St.	Burbank	CA	91504
Phone	**Title**		
Description of Duties			
Cofounder/Partner			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/10/2021
Date

Applicant's initials MC

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.

Michael Casal

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Michael Casal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/10/2021

Date

Subscribed and Sworn to before me this 10th day of August 2021.

Notary Public Signature

FRANCES MALINIS
Notary Public-State of Nevada
APPT. NO. 17-3939-1
My Appt. Expires 10-20-2021

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Well Care Group Parent Holdings, LLC

Physical Address 275 S Wells Ave Ste B

City Reno State NV Zip 89502

Mailing Address (if different from physical address) 3312 W Charleston Blvd

City Las Vegas State NV Zip 89102

Telephone 775-313-0530 Website www.mywellcarepharmacy.com

Licensing Company Email wells @mywellcarepharmacy.com

Section 2: Personal Information

First Maximilian Middle Palma Last Casal

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Opal Valley St

City Henderson State NV Zip 89052

Telephone [redacted] Email max@thewellcaregroup.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Southern California		01/1991-05-1993	
Address	City	State	Zip
	Los Angeles	CA	90007
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Valley College		08/1987-08/1990	
Address	City	State	Zip
	North Hollywood	CA	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/21-Present	[redacted] Opal Valley St	Henderson	NV	89052
01/18-02/21	1733 Cypress Manor Dr.	Hēndērsoñ	NV	89012
07/15-12/17	2784 Brands Hatch Ct	Henderson	NV	89052
05/14-06/15	515 Via Presa	San Clemente	CA	92672
06/12-05/14	3530 Castleman Ln	Burbank	CA	91504
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Well Care Group			05/15-Present	
Business Address	**City**		**State**	**Zip**
3312 W Charleston Blvd	Las Vegas		NV	89102
Phone	**Title**			
	CFO			
Description of Duties				
CFO				

Business Name			From - To (MM/YY – MM/YY)	
MDRX			01/16-06/20	
Business Address	**City**		**State**	**Zip**
118 Corporate Park Dr	Henderson		NV	89074
Phone	**Title**			
Description of Duties				
Cofounder/Partner				

Business Name			From - To (MM/YY – MM/YY)	
Attik Space			2010-2015	
Business Address	**City**		**State**	**Zip**
2537 N Ontario St	Burbank		CA	91504
Phone	**Title**			
Description of Duties				
Cofounder/Partner				

Business Name			From - To (MM/YY – MM/YY)	
Think Media Outdoor			2010-present	
Business Address	**City**		**State**	**Zip**
	Burbank		CA	89504
Phone	**Title**			
Description of Duties				
Cofounder/Partner				

Business Name			From - To (MM/YY – MM/YY)	
Homebase			01/2019-Present	
Business Address	**City**		**State**	**Zip**
3312 W Charleston Blvd	Las Vegas		NV	89102
Phone	**Title**			
Description of Duties				
Managing Partner				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/10/2011
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Maximilian P Casal

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/2021

Date

Please have this section completed in the presence of a Notary Public.

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 cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/10/2021

Date

Subscribed and Sworn to before me this 10th day of August 2021.

Notary Public Signature

FRANCES MALINIS
Notary Public-State of Nevada
APPT. NO. 17-3939-1
My Appt. Expires 10-20-2021

(Seal)

Applicant's initials _____

Nevada State Board of Pharmacy

For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on **disciplinary actions taken against licensees**, please send an email to shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov).

VERIFY LICENSE

Facility Name	License Number#	City	State	Country	Discipline	Action
WELL CARE DISCOUNT PHARMACY, LLC	PHN02869	Las Vegas	NV		None	

License Number : PHN02869
Name : WELL CARE DISCOUNT PHARMACY, LLC
License Type : Pharmacy
License Status : Active
License Date : 09/13/2012
Discipline :
Expiration Date : 10/31/2022

Document Type	Date	Name	Other Name	Is Public?	Status	Uploaded By	Link	Actions

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Well Care Pharmacy

Physical Address 3300 W Charleston Blvd

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email Charleston@mywellcarepharmacy.com

Section 2: Personal Information

First Tommy Middle _____ Last Dinh

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Nightmoss Ave

City Las Vegas State NV Zip 89183

Telephone [redacted] Email Tommy.Dinh@mywellcarepharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials TD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		8/16 – 5/19	
Address: 11 Sunset Way	City: Henderson	State: NV	Zip: 89014
Diploma/Degree obtained, if any: Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
San Diego State University		2013 – 5/16	
Address: 5500 Campanile Dr	City: San Diego	State: CA	Zip: 92182
Diploma/Degree obtained, if any:			

School Name		From - To (MM/YY – MM/YY)	
San Diego Mesa College			
Address: 7250 Mesa College Dr	City: San Diego	State: CA	Zip: 92111
Diploma/Degree obtained, if any:			

School Name		From - To (MM/YY – MM/YY)	
Bear Creek High School		1999 – 2003	
Address: 10555 Thornton Rd	City: Stockton	State: CA	Zip: 95209
Diploma/Degree obtained, if any:			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/19 - current	[redacted] Nightmoss Ave	Las Vegas	NV	89183
1/19 - 8/19	10641 Carlsten Way	San Diego	CA	92126
8/16 – 12/19	3900 E Sunset Rd	Las Vegas	NV	89120
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TD

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Well Care Pharmacy			8/19 - current
Business Address	**City**	**State**	**Zip**
3300 W Charleston Blvd	Las Vegas	NV	89102
Phone	**Title**		**Number of Employed Hours**
702-553-2575	Pharmacist		~ 4000
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Smith's Pharmacy			10/16 - 12/18
Business Address	**City**	**State**	**Zip**
55 s Valle Verde Dr	Henderson	NV	89012
Phone	**Title**		**Number of Employed Hours**
702-837-6117	Pharmacist Intern		~ 4000
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Rite Aid Pharmacy			2013 - 2016
Business Address	**City**	**State**	**Zip**
3081-B Clairemont Dr	San Diego	CA	92117
Phone	**Title**		**Number of Employed Hours**
619-275-1175	Pharmacy Technician		~ 4700
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/10/21
Date

Applicant's initials

I, Tommy Dinh, **certify that as the designated representative for** Well Care Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Tommy Dinh

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/21

Date

Applicant's initials TD

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.

Tommy Dinh
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/21
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Tommy Dinh, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/10/21
Date

Subscribed and Sworn to before me this 10th day of August 2021.

Notary Public Signature

FRANCES MALINIS
Notary Public-State of Nevada
APPT. NO. 17-3939-1
My Appt. Expires 10-20-2021

(Seal)

Applicant's initials TD

Nevada State Board of Pharmacy

For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on **disciplinary actions taken against licensees**, please send an email to shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov).

VERIFY LICENSE

Facility Name	License Number#	City	State	Country	Discipline	Action
WELL CARE APOTHECARY, LLC	PH03076	LAS VEGAS	NV	United States	None	

License Number : PH03076
Name : WELL CARE APOTHECARY, LLC
License Type : Pharmacy
License Status : Active
License Date : 01/23/2014
Discipline :
Expiration Date : 10/31/2022

Document Type	Date	Name	Other Name	Is Public?	Status	Uploaded By	Link	Actions

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Well Care Apothecary, LLC

Physical Address 3300 W. Charleston Blvd Suite B

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-410-7901 Website www.mywellcarepharmacy.com

Licensing Company Email HR@mywellcareservices.com

Section 2: Personal Information

First Marie Katrina Middle _____ Last Labrador

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Tiber Creek Way

City Las Vegas State NV Zip 89113

Telephone [redacted] Email Katrina.labrador@mywellcarepharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials MW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Durango High School			08/2004 - 06/2008	
Address		City	State	Zip
7100 W. Dewey Dr		Las Vegas	NV	89113
Diploma/Degree obtained, if any	High School Diploma			

School Name			From - To (MM/YY – MM/YY)	
UNLV			06/2008 - 12/2011	
Address		City	State	Zip
4505 S. Maryland Pkwy		Las Vegas	NV	89154
Diploma/Degree obtained, if any	B.S. Biological Sciences			

School Name			From - To (MM/YY – MM/YY)	
Roseman University			08/2012 - 06/2015	
Address		City	State	Zip
11 Sunset Way		Henderson	NV	89014
Diploma/Degree obtained, if any	PharmD			

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2020 - now	[redacted] Tiber Creek Way	Las Vegas	NV	89113
03/2002 - 01/2020	522 Fynn Valley Dr.	Las Vegas	NV	89148

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Well Care Apothecary, LLC			From - To (MM/YY – MM/YY): 09/2015 – now	
Business Address: 3300 W. Charleston Blvd Ste B	City: Las Vegas		State: NV	Zip: 89102
Phone: 702-410-7801	Title: Pharm D		Number of Employed Hours: 6,000 +	
Description of Duties: pharmacy manager				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		N/A		
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)

8/10/2021
Date

Applicant's initials MK

I, Marie Katrina Labrador, **certify that as the designated representative for**

Well Care Apothecary, Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Marie Katrina Labrador

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/2021

Date

Applicant's initials MKL

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.

Marie Katrina Labrador

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, marie katrina Labrador, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/10/2021

Date

Subscribed and Sworn to before me this 10th day of Agust 2021.

Notary Public Signature

(Seal)

Applicant's initials MKL

411

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: Northern Nevada Sierra Medical Center Pharmacy

Physical Address: 625 Innovation Drive

City: Reno NV State: Zip Code: 89511 Telephone:

775-799-7900 Fax: 775-799-7901 Toll Free Number:_____

E-mail: kevin.flynn@uhsinc.com

Website: TBD

Managing Pharmacist: Kevin Flynn License Number: 17333 OK 8/11/21

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☒ Retail	☐	☑ Off-site Cognitive Services
☒	☐ Hospital (# beds 172)	☒	☐ Parenteral
☐	☒ Internet	☐	☑ Parenteral (outpatient)
☐	☒ Nuclear	☐	☑ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☐	☑ Mail Service
☐	☒ Community	☐	☑ Long Term Care
☐	☒ Other: _____	☒	☐ Sterile Compounding
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding
	For the application to be complete	☐	☑ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

Steve Filton

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

Steve Filton, Authorized Official

Print Name of Authorized Person

7/8/21

Date

Board Use Only	Date Processed:	Amount: $500 Check 0020612315

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: Sparks Family Hospital, Inc.

Business Name: Northern Nevada Sierra Medical Center

Current Business Address: 625 Innovation Drive

City: Reno State: NV Zip Code: 89511

Telephone: 775-799-7900 Fax: 775-799-7901

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

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: NV19791003372

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Steve Filton

Responsible Person of Sparks Family Hospital, 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

Steve Filton, Authorized Official
Print Name of Authorized Person

7/8/21
Date

Managing Pharmacist

Pharmacist Name: Kevin Flynn License #: 17333

Pharmacy Name: Northern Nevada Sierra Medical Center 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 7/9/2021

CORPORATION, LLC, BUSINESS TRUST & LEGAL ENTITIES
CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME
* * **THIS CERTIFICATE EXPIRES:* 3/2/2025 * * *
(OFFICE USE ONLY)

FILED
2020 MAR -3 PM 4:56
NANCY PARENT
WASHOE COUNTY CLERK
BY [illegible] DEPUTY

◯ Renewal ◉ New Filing *Contact Number:* (610) 382-3395 *Email:* uhscorpfilings@uhsinc.com

THE UNDERSIGNED does hereby certify that IT IS conducting a n acute health care facility business at 625 Innovation Dr., Reno, NV 89511
(Physical street address), (City), (State), (Zip code)

under the fictitious firm name of: Northern Nevada Sierra Medical Center

and that said firm is composed of the following *legal entity* (or entities)* whose mailing address, signing officer's name, and title are as follows:

Legal Entity Name: Sparks Family Hospital, Inc.
(Legal entity must state name exactly as it is on file in State of Nevada)

Entity Physical Address: 367 S. Gulph Rd., King of Prussia, PA, 19406
(Physical street address), (City), (State), (Zip code)

Signing Officer Name: Steve Filton

Signing Officer Title: Vice President

FOR ADDITIONAL OWNERS, PLEASE USE ADDITIONAL PAGES

Alternate Mailing Address: _____, _____, _____, _____
(P.O. Box or Physical street address other than listed above), (City), (State), (Zip code)

Prior Related DBA Filing (if applicable): _____

WITNESS my hand this 26th day of February, 20 20.

The undersigned hereby swears under penalty of perjury that he/she has authority to sign on behalf of and to bind the above-named legal entity to a contract.

X _____
Signature of authorized officer

STATE OF Pennsylvania
COUNTY OF Montgomery } ss.

On this 26th day of February, 20 20 personally appeared before me, a Notary Public,

Steve Filton
(Name of individual whose signature is being notarized)

who acknowledged that he/she executed the above instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of Montgomery the day and year in this certificate first above written.

Douglas R. Tewksbury
Signature of Notary Public

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
DOUGLAS R. TEWKSBURY, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires October 25, 2020

For office use only

IF SUBMITTING A NOTARIZED DOCUMENT, PLEASE PROVIDE AN ORIGINAL AND 3 COPIES, A SELF-ADDRESSED STAMPED ENVELOPE AND $25.00 FILING FEE TO:
WASHOE COUNTY CLERK
1001 E. Ninth St., Bldg. A
RENO, NV 89512

165394

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

SPARKS FAMILY HOSPITAL, INC.

Nevada Business Identification # NV19791003372

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 04/08/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202104081578453
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

UHS of Delaware
367 S. Gulph Road
King of Prussia, PA 19406, USA

Work Order #: W2021040800236
April 8, 2021
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 40412

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Annual List	Fees	20211371034	4/8/2021 8:47:56 AM	Approved	1	$150.00	$150.00
Annual List	Business License Fee	20211371034	4/8/2021 8:47:56 AM	Approved	1	$500.00	$500.00
Total							$650.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$650.00
Total			$650.00

Credit Balance: $0.00

UHS of Delaware
367 S. Gulph Road
King of Prussia, PA 19406, USA

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

04/08/2021

Work Order Item Number:	W2021040800236 - 1252890
Filing Number:	20211371034
Filing Type:	Annual List
Filing Date/Time:	04/08/2021 08:47:56 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: C1886-1979

Entity Name: SPARKS FAMILY HOSPITAL, INC.

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
CORPORATION SERVICE COMPANY
112 NORTH CURRY STREET, Carson City, NV 89703, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☑ ANNUAL ☐ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

SPARKS FAMILY HOSPITAL, INC.
NAME OF ENTITY

NV19791003372
Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☑ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
Barbara K. Cegavske	C1886-1979
Secretary of State	Filing Number
State Of Nevada	20211371034
	Filed On
	04/08/2021 08:47:56 AM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
MARVIN PEMBER	USA

Address	City	State	Zip/Postal Code
367 S GULPH RD	KING OF PRUSSIA	PA	19406

CORPORATION, INDICATE THE TREASURER:

Name	Country
CHERYL K RAMAGANO	USA

Address	City	State	Zip/Postal Code
367 S GULPH RD	KING OF PRUSSIA	PA	19406

CORPORATION, INDICATE THE SECRETARY:

Name	Country
MATTHEW D KLEIN	USA

Address	City	State	Zip/Postal Code
367 S. GULPH ROAD	KING OF PRUSSIA	PA	19406

CORPORATION, INDICATE THE DIRECTOR:

Name	Country
STEVE FILTON	USA

Address	City	State	Zip/Postal Code
367 S GULPH RD	KING OF PRUSSIA	PA	19406

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 Steve Filton

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*

Director
Title

04/08/2021
Date

FILED
IN THE OFFICE OF THE
SECRETARY OF STATE OF
STATE OF NEVADA

FEB 01 1988

1886-79

FILING FEE: $50.00
BY: UHS

(Amendment by written consent of the stockholders holding at least a majority of the voting power)

SHERRIE L. HEDRICK
367 SOUTH GULPH RD.
KING OF PRUSSIA, PA.
19406

CERTIFICATE OF AMENDMENT

OF

ARTICLES OF INCORPORATION

Health Management Associates, Inc., a corporation organized under the laws of the State of Nevada, by its ~~president~~ vice-president) and secretary ~~or~~ does hereby certify:

1. That the board of directors of said corporation by a unanimous written consent dated the 12th day of January, 19 88, passed a resolution declaring that the following change and amendment in the articles of incorporation is advisable.

RESOLVED that article 1 of said articles of incorporation be amended to read as follows: "The name of the corporation is: Sparks Family Hospital, Inc."

2. That the number of shares of the corporation outstanding and entitled to vote on an amendment to the articles of incorporation is 1850; that the said change and amendment has been consented to and authorized by the written consent of stockholders holding at least a majority* of each class of stock outstanding and entitled to vote thereon.

(*A greater proportion may be required by the articles. If the amendment changes any preference or any relative or other right given to any class or series of outstanding stock then the amendment must also be approved by the written consent of each class or series so affected by the amendment. Different series of the same class are not considered different classes for the purpose of voting by classes except when any such series is adversely affected in a manner different from that in which other series of the same class are affected.)

(In case the authorized capital stock is decreased by the amendment, add: "3. The capital of the corporation will not be decreased under or by reason of this amendment.")

IN WITNESS WHEREOF, the said Health Management Associates, Inc. has caused this certificate to be signed by its ~~president (or~~ vice-president) and its secretary ~~(or assistant secretary)~~ and its corporate seal to be hereto affixed this 25th day of February, 19 88.

Health Management Associates, Inc.

By _____
~~President (or~~ Vice-President)

* Sidney Miller

By _____
Secretary ~~(or Assistant Secretary)~~

* Robert M. Dubbs

(SEAL)

*(Names must be typed under signatures)

STATE OF Pennsylvania)
) ss:
COUNTY OF Montgomery)

On February 25, 1988 (date) personally appeared before me, a Notary Public, Sidney Miller and Robert M. Dubbs, who acknowledged that they executed the above instrument.

_____
(Notary Public)

Notary Public
Montgomery County
My Commission Expires May 27, 1991

(SEAL)

(REV. - 1120)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Northern Nevada Sierra Medical Center

Physical Address: 625 Innovation Drive

City: Reno State: NV Zip: 89521

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 775-799-7900 Website: TBD

Licensing Company Email: kevin.flynn@uhsinc.com

Section 2: Personal Information

First: Kevin Middle: M Last: Flynn

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Ubaldo CT

City: Reno State: NV Zip: 89521

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Colorado		8/03-05/07	
Address	City	State	Zip
12850 East Montview Boulevard	Aurora	CO	80045
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Brigham Young University		09/99-05/03	
Address	City	State	Zip
	Provo	UT	84602
Diploma/Degree obtained, if any			
BS Nutritional Science			

School Name		From - To (MM/YY – MM/YY)	
University of Alaska Anchorage		09/95-06/96, 09/98-06/99	
Address	City	State	Zip
3211 Providence Drive	Anchorage	AK	99508
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
A.J Dimond High School		08/91-05/95	
Address	City	State	Zip
2909 W 88th Avenue	Anchorage	AK	99502
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/15-present	[redacted]Ubaldo CT	Reno	NV	89521
08/08-10/15	1960 Long Hollow Dr.	Reno	NV	89521

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Northern Nevada Medical Center			03/17-present	
Business Address		City	State	Zip
2375 E. Prater Way		Sparks	NV	89434
Phone	Title		Number of Employed Hours	
(775) 356-488	Director of Pharmacy, Pharmacist-in-charge		9000	
Description of Duties				
Directs and oversees acute inpatient pharmacy services including procurement, security, dispensing, compounding, and clinical services.				

Business Name			From - To (MM/YY – MM/YY)	
Carson Tahoe Regional Medical Center			01/13-03/17	
Business Address		City	State	Zip
1600 Medical Pkwy		Carson City	NV	89703
Phone	Title		Number of Employed Hours	
(775) 445-8000	Assistant Director of Pharmacy		8640	
Description of Duties				
Assists in directing and overseeing acute inpatient pharmacy services including procurement, security, dispensing, compounding, and clinical services.				

Business Name			From - To (MM/YY – MM/YY)	
Carson Tahoe Cancer Center			04/12-01/13	
Business Address		City	State	Zip
1535 Medical Pkwy		Carson City	NV	89703
Phone	Title		Number of Employed Hours	
(775) 445-7500	Oncology Pharmacist, Pharmacist-in-charge		1594	
Description of Duties				
Create and establish a Pharmacy to serve the Cancer Center Infusion Center patients.				

Business Name			From - To (MM/YY – MM/YY)	
Carson Tahoe Regional Medical Center			08/11-04/12	
Business Address		City	State	Zip
1600 Medical Pkwy		Carson City	NV	89703
Phone	Title		Number of Employed Hours	
(775) 445-8000	Staff Pharmacist		1440	
Description of Duties				
Inpatient acute care pharmacist duties in a hospital setting.				

Business Name			From - To (MM/YY – MM/YY)	
Saint Mary's Regional Medical Center			07/08-08/11	
Business Address		City	State	Zip
235 W 6th Street		Reno	NV	89503
Phone	Title		Number of Employed Hours	
(775) 770-3000	Staff Pharmacist		6400	
Description of Duties				
Inpatient acute care pharmacist duties in a hospital setting.				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

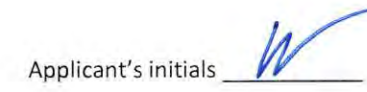
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/11/2021
Date

Applicant's initials _____

I, Kevin Flynn, **certify that as the designated representative for**

Northern Nevada Sierra Medical Center,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kevin Flynn

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/11/2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kevin Flynn

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/11/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of WASHOE

I, KEVIN FLYNN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/11/2021

Date

Subscribed and Sworn to before me this 11TH day of AUGUST 2021

Notary Public Signature

JENETTE FRANKS
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 06-109077-2 - Expires July 12, 2025

(Seal)

Applicant's initials

4JJ

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ *New Pharmacy* or ☒ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 03760
Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Coastline Pharmacy LLC

Physical Address: 2107 S US HWY 1, Jupiter, FL 33477

Mailing Address: 2107 S US HWY 1

City: Jupiter State: FL Zip Code: 33477

Telephone: 866-758-1957 Fax: 866-766-4183

Toll Free Number: 866-758-1957 (Required per NAC 639.708)

E-mail: dhedges@coastlinerx.com Website: coastlinepharmacy.com

Managing Pharmacist: Dustin Hedges License Number: PS47304

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

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

Temp. NV Pharmacist # 20956 ✓ M.H 8/24/21

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

Dustin Hedges
Print Name of Authorized Person

7/15/21
Date

Board Use Only Date Processed: _____ Amount: $500 Check # 1583002869

Processed 8/20/21 MH

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: Coastline Pharmacy Holdings LLC

Mailing Address: 2107 S US Hwy 1

City: Jupiter State: FL Zip: 33477

Telephone: 866-758-1957 Fax: 866-766-4183

Contact Person: Dustin Hedges

For any corporation non publicly traded, disclose the following:

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

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 N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5 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: _____

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

Corporate Officer: Jonathan W. Porter

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Dustin Hedges

Responsible Person of Coastline 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

Dustin Hedges
Print Name of Authorized Person

7/15/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
PalmBeach COUNTY)

I, Dustin Hedges, 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 Coastline 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, Dustin Hedges, 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
15 day of July, 2021.

NOTARY PUBLIC

JULIE ADAMS
Notary Public - State of Florida
Commission # HH 109485
My Comm. Expires Apr 15, 2025

Physical presence
D.L. Produced FL DL
H32172834010 exp. 11/1/27

K

Coastline Pharmacy, LLC

Ownership Information:

Coastline Pharmacy, LLC
Address: 2107 S. US Highway 1, Jupiter, FL 33477
100 % Owned by: Coastline Pharmacy Holdings, LLC

Coastline Pharmacy Holdings, LLC
Address: 2107 S. US Highway 1, Jupiter, FL 33477
100 % Owned by: LetsGetChecked, Inc

LetsGetChecked, Inc
Address: 330 W 38th St, 405, New York, NY 10018

Corporate Officer: Jonathan W. Porter
Address: [redacted]S Duncan Woods Dr, Collierville, TN 38017

State of Florida
Department of State

I certify from the records of this office that COASTLINE PHARMACY LLC is a limited liability company organized under the laws of the State of Florida, filed on July 27, 2016.

The document number of this limited liability company is L16000141341.

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 February 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 Thirteenth day of July, 2021

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 8750420324CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

AC# 10038221

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/02/2021	PH 30726	123958

THE PHARMACY

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

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

Expiration Date: **FEBRUARY 28, 2023**
COASTLINE PHARMACY LLC
2107 S US HIGHWAY 1
JUPITER, FL - 33477

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **FEBRUARY 28, 2023**

Your license number is PH 30726. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

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

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

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

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

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

GROUNDS FOR DISCIPLINE

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

AC# 10038221
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 02/02/2021 | LICENSE NO. PH 30726 | CONTROL NO. 123958
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date : FEBRUARY 28, 2023
COASTLINE PHARMACY LLC
QUALIFICATION(S): Schedule II & III Community Pharmacy
REGISTRANT SIGNATURE

Department of Health

License Verification

Printer Friendly Version

Coastline Pharmacy LLC

License Number: PH30726

Data As Of 7/13/2021

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners

Profession	Pharmacy
License	PH30726
License Status	CLEAR/
Qualifications	Schedule II & III Community Pharmacy
License Expiration Date	2/28/2023
License Original Issue Date	04/06/2017
Address of Record	2107 S US Highway 1 JUPITER, FL 33477
Discipline on File	No
Public Complaint	No

Back

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Primary Source Verified

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Coastline Pharmacy LLC

Physical Address: 2107 S US Highway 1

City: Jupiter State: FL Zip: 33477

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 866*758-1957 Website: coastlinepharmacy.com

Licensing Company Email: dhedges@coastlinerx.com

Section 2: Personal Information

First: Dustin Middle: Lee Last: Hedges

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Hibiscus St Apt [redacted]

City: West Palm Beach State: Zip:

Telephone: [redacted] Email: dhedges@coastlinerx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: DH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Florida College of Pharmacy		08/05-05/10	
Address	**City**	**State**	**Zip**
1225 Center Dr	Gainesville	FL	32610
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Pasco-Hernando Community College		08/02-04/05	
Address	**City**	**State**	**Zip**
10230 Ridge Rd	New Port Richey	FL	34654
Diploma/Degree obtained, if any			
Associate in Arts			

School Name		From - To (MM/YY – MM/YY)	
Frank W. Springstead High School		08/01-04/02	
Address	**City**	**State**	**Zip**
3300 Mariner Blvd	Spring Hill	FL	34609
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Waukegan High School		09/98-05/01	
Address	**City**	**State**	**Zip**
2325 Brookside Ave	Waukegan	IL	60085
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/21-Current	[redacted] Hibiscus St Apt 733	West Palm Beach	FL	33401
02/19-06/21	2884 Tennis Club Dr Apt 700	West Palm Beach	FL	33417
10/18-1/19	1709 Bella Vista Way	Port St Lucie	FL	34952
10/17-9/18	18482 Tapestry Lake Circle Apt 303	Lutz	FL	33548
10/15-9/17	15350 Amberly Dr Unit 2124	Tampa	FL	33647
11/13-9/15	15501 Bruce B Downs Blvd Apt 2205	Tampa	FL	33647
06/11-11/13	2717 Seville Blvd Apt 16208	Clearwater	FL	33764

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Coastline Pharmacy			09/18-Current	
Business Address		**City**	**State**	**Zip**
2107 S US Highway 1		Jupiter	FL	33477
Phone	**Title**		**Number of Employed Hours**	
866-758-1957	Pharmacist-In-Charge		~6067	
Description of Duties				
Pharmacist-In-Charge, Prescription Department Manager				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials DH

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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.

Applicant's initials DH

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

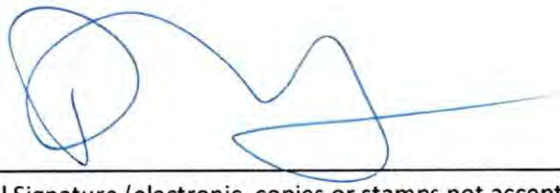
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A



Original Signature (electronic, copies or stamps not accepted)

8/24/21

Date

Applicant's initials DH

I, Dustin Hedges, certify that as the designated representative for Coastline Pharmacy LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Dustin Hedges

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/24/21

Date

Applicant's initials DH

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.

Dustin Hedges

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/24/21

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Dustin Hedges, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/24/21

Date

Subscribed and Sworn to before me this 24 day of August 2021.

Pat O'Dell

Notary Public Signature

Dustin Hedges produced FL DL H322-172-83-401-0 expiration: 11/07/2027

physical presence.

(Seal)

PAT O'DELL
Notary Public - State of Florida
Commission # HH 160096
My Comm. Expires Aug 2, 2025

Applicant's initials DH

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

www.FloridaHealth.gov

File # 24475
Insp # 163870

NAME	PERMIT NUMBER	DATE OF INSPECTION
Coastline Pharmacy LLC	30726	10/11/2019
DOING BUSINESS AS		
STREET ADDRESS	**TELEPHONE #**	**EXT**
2107 S US Highway 1	(866) 758-1957	
CITY	**COUNTY**	**STATE/ZIP**
JUPITER	PALM BEACH	FL/33477

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 8:30 - 5pm
Monday Y	Monday Hours
Tuesday Y	Tuesday Hours
Wednesday Y	Wednesday Hours
Thursday Y	Thursday Hours
Friday Y	Friday Hours
Saturday N	Saturday Hours
Sunday N	Sunday Hours

Registered Pharmacist / Intern / Tech

License # 9665	Licensee Name Todd Sikorski
License Type Pharmacy Tech	
License # 47304	Licensee Name Dustin Hedges
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FC7018725	

License Relations

RX DPT MGR/COR/POR

HEDGES, DUSTIN LEE	License # 47304

INV 359 - Community Requirements

Community Requirements General Section

Rx Department is open for a minimum of 20 hours per week and there is signage stating the hours the pharmacy department is open. [64B16-28.1081F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes
Generic equivalent sign posted. [465.025(7), F.S.]	Yes
A sign has been prominently posted indicating the specific hours of the day during which meal breaks may be taken by the pharmacist and assuring patients that the pharmacist is available for consultation upon request during the meal break. [64B16-27.1001 F.A.C.]	N/A
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (3) &(4) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.] ;[64B16-26.400(4) F.A.C.][64B16-27.420 F.A.C.].	N/A
Pharmacists, interns and technicians have proof of current licensure [465.014 F.S.], [465.015(2)(b)]	Yes

INV359 - Community Requirements

Insp # 163870 | Coastline Pharmacy LLC | File # 24475

Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.] *Reverse distributor utilized*	N/A
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05] *Very minimal III-V dispensed at this location. No CII's*	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) &(e) F.A.C]	Yes
All prepacking is done in accordance with procedures set up by the PDM and Records of returns of unit dose medications are properly maintained. [465.016(1) F.S.]; 64B16-28.118 F.A.C.]; [64B16-28.120(3)] *No prepacking done on premises*	N/A
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, no other personnel remain in the department, and a sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.] *No patients during this visit*	N/A
Medication properly labeled. [499 F.S.]; 64B16-28.108 F.A.C.]; [893.04(1)(e)F.S.] [21CFR1306.24];[21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.] *CQI provided during this visit is dated 07/24/2019*	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.] *No controlled meds ordered or dispense however; pharmacist did pull several patient profiles. Software utilized "Pioneer Rx"*	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] *Biennial provided this visit is dated 04/26/2019*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)] *No CII's ordered or dispensed at this location*	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [485.022(12)(a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	Yes
Controlled substance records are maintained for 4 years [465.022(12)(b) F.S.] [64B16-28.140 F.A.C.]	N/A
Controlled substance prescriptions have the date dispensed and dispensing pharmacist. [893.04(1) F.S.]; [21CFR1306.22(c)]; [64B16-28.140(3) F.A.C.] *No CII's ordered or Dispensed*	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.] *None to report*	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11)(b) F.A.C.] *None to report*	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4), F.S.] *No CII's ordered or dispensed*	N/A
Pharmacy with a retail pharmacy wholesaler permit is reporting sales to the Controlled Substance Reporting system monthly by the 20th of the following month. [499.0121(14), F.S.] *Pharmacy does have a retail wholesaler permit however; the pharmacy does not order, dispense, or ship any CII's*	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.] *No compounding at this facility*	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.] *Wholesaler: Amerisource Bergen*	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.] *No CSP's dispensed at this location*	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
Central Fill and originating pharmacy shall each be identified on the prescription container label.	

INV359 - Community Requirements

Insp # 163870

Coastline Pharmacy LLC

File # 24475

The word "central fill" appears on the face of the original prescription and the originating pharmacy's pharmacist transmitting the prescription, and the date of transmittal.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

Inspection conducted with the assistance of the PDM. Please review notes on inspection form for any discrepancies. You have been made aware of the citation process initiated on July 1 2019. A copy of FAC (64B) "minor violations" has been provided for you convenience.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:

DAVILA, JULIO

Date:10/11/2019

Representative:

Dustin Hedges

Date:10/11/2019

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Covetrus Pharmacy Services, LLC

Physical Address: 14800 FAA Blvd., Ste. 150, Fort Worth TX 76155

Mailing Address: 14800 FAA Blvd., Ste. 150

City: Fort Worth State: TX Zip Code: 76155

Telephone: 833-339-5428 Fax: 800-270-8040

Toll Free Number: 833-339-5428 (Required per NAC 639.708)

E-mail: CGPM-RxLicensing@covetrus.com Website: www.covetrus.com

Managing Pharmacist: Onyeoma Joan Uyanwune License Number: 57573, Texas

21339 NV Temp

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

Ony Uyanwune

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

Onyeoma Joan Uyanwune

Print Name of Authorized Person

06.15.2021

Date

Board Use Only	Date Processed:	Amount: 500 Check # 1668827925

NV

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delware

Parent Company if any: Direct Vet Marketing, Inc.

Mailing Address: 7 Custom House, 2nd Floor

City: Portland State: ME Zip: 04101

Telephone: 888-280-2221 Fax: _____

Contact Person: Onyeoma Joan Uyanwune

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

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

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 4:30 pm Saturday 9:00 am 11:00 ~~pm~~ am

Sunday _____ am _____ pm Closed 24 Hours _____ (On Call)

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

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

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

List of officers and directors

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Onyeoma Joan Uyanwune

Responsible Person of Covetrus Pharmacy Services, LLC

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

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

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

Ony Uyanwune

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

Onyeoma Joan Uyanwune

Print Name of Authorized Person

06.15.2021

Date

NV

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
Tarrant) ss.
COUNTY)

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

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

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

I, Onyeoma Joan Uyanwune, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Ony Uyanwune
Name
ONYEOMA JOAN UYANWUNE

SUBSCRIBED AND SWORN TO
before me, a notary public this
10 day of June 2021.

NOTARY PUBLIC

TYRA L RUTLEDGE
Notary ID #132865149
My Commission Expires
January 13, 2025

Posted April 1, 2020

NV

covetrus

Covetrus Pharmacy Services, LLC
14800 FAA Blvd. Ste. 150
Fort Worth, TX 76155
Business Number: 833-339-5428
EIN: 85-1288828
Covetrus Pharmacy Services, LLC, is 100% wholly owned by Direct Vet Marketing, Inc.

Covetrus Pharmacy Services, LLC, Officers:
Georgia Wraight, President & CEO
Ann Randall, Secretary
Matthew Foulston, Treasurer
7 Custom House, 2nd Floor
Portland, ME 04101
Business Number: 888-280-2221

Parent Company Ownership Information:
Direct Vet Marketing, Inc.
7 Custom House, 2nd Floor
Portland, ME 04101
Business Number: 888-280-2221
EIN: 27-2669147
Direct Vet Marketing, Inc. is 100% wholly owned by Covetrus, Inc.

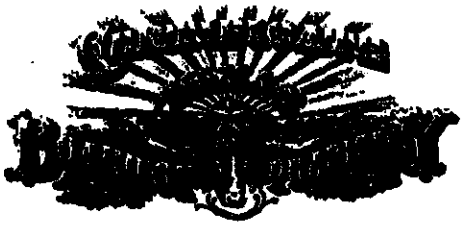
Direct Vet Marketing, Inc. Officers:
Georgia Wraight, President
Robert Lynn, VP Treasury
Eric Bosserman, VP, of Global Tax
7 Custom House, 2nd Floor
Portland, ME 04101
Business Number: 888-280-2221

Grandparent Ownership Information:
Covetrus, Inc.
7 Custom House, 2nd Floor
Portland, ME 04101
Business Number: 888-280-2221
EIN: 83-2881992
Covetrus, Inc. publicly traded on the NASDAQ as of February 2019.

Covetrus, Inc., Officers:
Benjamin Wolin, President & CEO
Jamey Seely, Secretary
Matthew Foulston, Global CFO
7 Custom House, 2nd Floor
Portland, ME 04101
Business Number: 888-280-2221

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

COVETRUS PHARMACY SERVICES LLC
14800 FAA BLVD STE 150
FORT WORTH TX 76155



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

License No. **33446** Expiration Date: **10/31/2022**

Balances: 0

COVETRUS PHARMACY SERVICES LLC
14800 FAA BLVD STE 150
FORT WORTH TX 76155

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC9842762	08-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	11-17-2020

COVETRUS PHARMACY SERVICES, LLC
14800 FAA BLVD., STE. 150
FORT WORTH, TX 76155

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC9842762	08-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	11-17-2020

COVETRUS PHARMACY SERVICES, LLC
14800 FAA BLVD., STE. 150
FORT WORTH, TX 76155

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)

Please see the attached Pre-Inspection dated October 2,2020 and New Pharmacy Inspection dated May 19, 2021.

Phcy. Lic. # NEW	NOTICE OF INSPECTION Texas State Board of Pharmacy 333 Guadalupe Street, Suite 3-600 Austin, Texas 78701-3942 (512) 305-8000	☑ Compliance ☐ Investigation
Expiration Date: ___/___/___		

Name of Individual	Title	R.Ph. Lic. #	Expires
UYANWUNE,ONYEOMA JOAN	PIC	57573	12/31/2021
Name of Facility		**Class of Pharmacy License**	
Covetrus Pharmacy Services, LLC		A	
Address			
14800 FAA Blvd. Ste. 150			
City/State	**Zip**	**Phone #**	
Fort Worth , TX	76155	833-339-5423	
DEA Registration #	**Expiration Date**		
NONE			
Date	**Time**		
10/02/2020	11:00 am		

PURPOSE OF INSPECTION

☐ Routine	☑ Pre-Inspection	☐ Rank Change
☐ New Pharmacy	☐ Change of Ownership	☐ Reverse Rank Change
☐ Complaint	☐ Follow-up to Complaint	☐ Licensee Request
☐ Follow-up to Warning Notice	☐ Follow-up to Theft/Loss Report	☐ Sterile Compounding (High Risk)
☐ Follow-up to Disciplinary Order	☑ Other Distance Inspection	

ACKNOWLEDGEMENT

This is to acknowledge that Texas State Board of Pharmacy Agent Robert Moura has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I am the PIC for the above-described facility;
2. I have read this Notice of Inspection and understand its contents and purpose;
3. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
4. I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
5. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Ony Uyanwune
Signature

Witnesses:

Robert Moura
Signature

Signature

09/16

Remarks

Completed the Pre-inspection with PIC Onyeoma Jone Uyanwune 57573 using Facetime.

The pharmacy met all the requirements on the pre-inspection checklist.
THEY ARE GOOD TO GO!.

The pharmacy is active currently working under a Texas Remote Pharmacy License
Registration number 31317-ERP-5821. the Remote Pharmacy License expireed 10/20/2020.

Action Taken

(1) [✓] Inspection
(2) [ ] Pre-Inspection
(3) [ ] Partial Inspection
(4) [ ] Visit
(5) [ ] Other _____

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. ~~Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.~~

Robert Maurer
Agent of the Texas State Board of Pharmacy

10/2/2020
Date

12:30 pm
Time of Completion

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Ony Uyanwune
Authorized Individual for the Pharmacy

ONYEOMA JOAN UYANWUNE Pharmacist In Charge
Printed Name and Title of Authorized Individual

Phcy. Lic. # 33446

Expiration Date: 10/31/22

NOTICE OF INSPECTION
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, Texas 78701-3942
(512) 305-8000

☑ Compliance
☐ Investigation

Name of Individual	Title	R.Ph. Lic. #	Expires
UYANWUNE, ONYEOMA JOAN	PIC	57573	12/31/2021

Name of Facility	Class of Pharmacy License
COVETRUS PHARMACY SERVICES LLC	A

Address		
14800 FAA BLVD STE 150		
City/State	Zip	Phone #
FORT WORTH, TX	76155	(833) 339-5428
DEA Registration #	Expiration Date	
FC9842762	8/31/2023	
Date	Time	
5/19/2021	1:30 pm	

PURPOSE OF INSPECTION

☐ Routine	☐ Pre-Inspection	☐ Rank Change
☑ New Pharmacy	☐ Change of Ownership	☐ Reverse Rank Change
☐ Complaint	☐ Follow-up to Complaint	☐ Licensee Request
☐ Follow-up to Warning Notice	☐ Follow-up to Theft/Loss Report	☐ Sterile Compounding (High Risk)
☐ Follow-up to Disciplinary Order	☑ Other Distance Inspection	

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1. I am the PIC for the above-described facility;
2. I have read this Notice of Inspection and understand its contents and purpose;
3. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
4. I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
5. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Ony Uyanwune
Signature

Witnesses: Robert Moura

Signature

Signature

Remarks

Due to the current Declaration of Disaster in the State of Texas, this distant Inspection was conducted remotely with Joan Uyanwune, PIC on 5/19/2021 using Facetime.

The last annual controlled substance inventory was conducted 11/18/2020.

Opening inventory 10/13/2020

During the inspection we discussed:

Opening and Annual Controlled substances inventories.

Pharmacy environment

invoices

medication delivery processes

Prescriptions processes

Technician Training and documentation.

Pharmacy's references

Policies and Procedures

The TSBP website

Action Taken

(1) [✓] Inspection
(2) [ ] Pre-Inspection
(3) [ ] Partial Inspection
(4) [ ] Visit
(5) [ ] Other _____

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. ~~Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement~~.

Robert Flores
Agent of the Texas State Board of Pharmacy

05/19/2021
Date

2:30 pm
Time of Completion

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Ony Uyanwune
Authorized Individual for the Pharmacy

ONYEOMA JOAN UYANWUNE - PHARMACIST IN CHARGE
Printed Name and Title of Authorized Individual

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS PHARMACY SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS PHARMACY SERVICES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

7972207 8300

SR# 20207534567

Authentication: 203754117

Date: 09-29-20

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

Franchise Tax Account Status

As of : 07/02/2021 08:11:17

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

COVETRUS PHARMACY SERVICES, LLC	
Texas Taxpayer Number	32074487714
Mailing Address	7 CUSTOM HOUSE ST STE 2 PORTLAND, ME 04101-4755
Right to Transact Business in Texas	ACTIVE
State of Formation	DE
Effective SOS Registration Date	06/02/2020
Texas SOS File Number	0803639381
Registered Agent Name	CORPORATION SERVICE COMPANY DBA CSC - LAWYERS INCO
Registered Office Street Address	211 E. 7TH STREET, SUITE 620 AUSTIN, TX 78701

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 33446

COVETRUS PHARMACY SERVICES LLC

License Information

License Status Active
License # 33446
Expiration Date 10/31/2022
Date License Issued 10/09/2020

Address

14800 FAA BLVD STE 150
FORT WORTH, TX 76155
County TARRANT
Phone (833) 339-5428

Pharmacy Details

Prior Disciplinary Orders* No

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

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
UYANWUNE, ONYEOMA JOAN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	

¥ 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

- 1106661 33446 COVETRUSPHARMACYSERVICESLLC 2020-10 10-2025.pdf

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

Services Provided

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

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
AGBONIFO, OMOYEME OLUWATOSIN	56172	01/29/2015	06/30/2023	Relief	Active

AKPALA, VIVIAN OJORUMI	64807	07/04/2019	03/31/2023	Relief	Active
BELLO, KHAFILAT	66298	01/23/2020	09/30/2021	Relief	Active
HAYMON, MARK ANDREW	40711	06/06/2002	10/31/2022	Relief	Active
NELSON, CHRISTOPHER BENJAMIN	50429	06/12/2011	04/30/2022	Staff	Active
NGHE, CAROLYN	62167	02/08/2018	01/31/2022	Staff	Active
NGUYEN, JOLLIN THANH	55192	07/31/2014	03/31/2022	Relief	Active
OSIFO, IYAYI M	60290	03/23/2017	03/31/2023	Relief	Active
RICHARDSON, RONALD ALAN	29408	08/27/1986	11/30/2022	Relief	Active
SCHNEIDER, DEANNA CYRILLA	35592	07/27/1995	04/30/2022	Relief	Active
UYANWUNE, ONYEOMA JOAN	57573	10/01/2015	12/31/2021	PIC	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
DAVIS, MISTY DAWN	320330	04/13/2021	04/30/2023	Staff	Active
NGUYEN, TAI	207469	04/19/2012	04/30/2022	Staff	Active
OSIFO, NJIDEKA AMARACHUKWU	312412	09/29/2020	02/28/2023	Staff	Active
PAYNE, TAJINA	320527	04/16/2021	04/30/2023	Staff	Active
VALTIERRA, DIANA LIZETH	249306	10/28/2015	12/31/2022	Staff	Active
WATTS, DINAH D	320883	04/27/2021	04/30/2023	Staff	Active
WILCHER JR, LAMONT ANDREW	318944	03/09/2021	03/31/2023	Staff	Active

Page 1 of 1 20 View 1 - 7 of 7

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
COVETRUS PHARMACY SERVICES, LLC	OWNER	,			
FOULSTON, MATTHEW JOHN	OFFICER	,			
RANDALL, ANN AURDRE	OFFICER	,			
WRAIGHT, GEORGIA	OFFICER	,			
WELDON, KENNETH PAUL	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.

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Onyeoma J. Uyanwune

Date: 09/20/2021
Amount:
License #: 21239

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/20/2022

Onyeoma J. Uyanwune

License #
21239
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21239

Expires: 03/20/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Onyeoma J. Uyanwune

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4LL

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*** 03387

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: RPH PARTNERS, LLC DBA PRESCRIPTION MART

Physical Address: 4144 DOWLEN RD

Mailing Address: 4144 DOWLEN RD

City: BEAUMONT State: TX Zip Code: 77706

Telephone: 409-866-6271 Fax: 409-866-1317

Toll Free Number: 800-713-1230 (Required per NAC 639.708)

E-mail: angie@presmartinc.com Website: www.presmartinc.com

Managing Pharmacist: ANGELA C BYERLY, RPH License Number. 21043 NV Temp

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

Angela C Byerly, R.Ph
Original Signature of Person Authorized to Submit Application, no copies or stamps

Angela C Byerly
Print Name of Authorized Person

6-4-2021
Date

Board Use Only Date Processed:_____ Amount: 500 Check # 278717

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: SCL Specialty Meds, LLC

Mailing Address: 6380 Folsom Drive

City: Beaumont State: TX Zip: 77706

Telephone: (409)-923-7331 Fax: (409)-923-7331

Contact Person: FRANK MESSINA

For any corporation non publicly traded, disclose the following:

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

a) Kevin Brown [redacted] Folsom Drive, Beaumont TX 77706
Name Address

b) Dustin Brown [redacted] Folsom Drive, Beaumont TX 77706
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100%

3) What was the price paid per share? $2,000.00

4) What date did the corporation actually receive the cash assets? 8-1-2021

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 7:00 am 6:00 pm Saturday 8:00 am 1:00 pm

Sunday _____ am _____ pm 24 Hours _____

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

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

Kevin Brown, Owner
Dustin Brown, Owner

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ANGELA C BYERLY, RPH

Responsible Person of RPH PARTNERS, LLC DBA PRESCRIPTION MART

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.

Angela C Byerly, RPh

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

Angela C. Byerly — 6-4-2021

Print Name of Authorized Person — Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Jefferson COUNTY)

I, Angela C Byerly, 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 PIC for RPH Partners, LLC dba Prescription mart (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, Angela C Byerly, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Angela C Byerly, RPh
Name

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

Kathy Cannon Stanley
NOTARY PUBLIC

KATHY CANNON STANLEY
Notary Public, State of Texas
Comm. Expires 11-12-2023
Notary ID# 544075-7

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

PRESCRIPTION MART
4144 DOWLEN RD
BEAUMONT TX 77706

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

License No. **24069** Expiration Date: **3/31/2023**

Balances: **0**

PRESCRIPTION MART
4144 DOWLEN RD
BEAUMONT TX 77706

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Pharmacist-in-Charge Attestation:

I hereby attest the following statements are true and accurate (*initial each statement below*):

AB I am the Pharmacist-in-Charge (PIC) of Prescription Mart (*Name of Pharmacy*), pharmacy license number 241069 (*Pharmacy License Number*) and I ☑ was / ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on 05/26/2020 (*Date of Inspection*).

AB I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector;

AB I reviewed the document titled *Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF* (on the reverse side of this attestation);

AB If applicable, the Warning Notice issued contains 0 deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice;

AB I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St., Suite 3-500
Austin, Texas 78701
Email, inspections@pharmacy.texas.gov
Fax, 512-305-8082

Signed: Angela C. Byerly, RPh (*Signature of PIC*) **Date:** 5-27-20

Printed Name: Angela C Byerly **License No.:** 33030

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers whowrite essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis withprescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, thatprescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one personpresents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refillspersons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplierrelated to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintainoperational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our websitewww.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

Phcy. Lic. # 24060	**NOTICE OF INSPECTION**	✓ Compliance
Expiration Date: 03/31/21	Texas State Board of Pharmacy 333 Guadalupe Street, Suite 3-500 Austin, Texas 78701-3942 (512) 305-8000	___ Investigation

Name of Individual	Title	R.Ph. Lic. #	Expires
Angela Byerly	PIC	33030	04/30/22
Name of Facility		**Class of Pharmacy License**	
Prescription Mart		A	
Address			
4144 Dowlen Rd			
City/State	**Zip**	**Phone #**	
Beaumont, TX	77706	(409) 866-6271	
DEA Registration #		**Expiration Date**	
BP9202653		03/31/2023	
Date	**Time of Entry** Distance Inspection		
05/26/2020	1:00PM		

PURPOSE OF INSPECTION

✓ Routine	___ Pre-Inspection	___ Rank Change
___ New Pharmacy	___ Change of Ownership	___ Reverse Rank Change
___ Complaint	___ Follow-up to Complaint	___ Licensee Request
___ Follow-up to Warning Notice	___ Follow-up to Theft/Loss Report	___ Sterile Compounding (High Risk)
___ Follow-up to Disciplinary Order	✓ Other (1) Distance Inspection (2) Licensee Request	

ACKNOWLEDGEMENT

This is to acknowledge that Texas State Board of Pharmacy Agent Kayla Henry has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I am the PIC for the above-described facility;
2. I have read this Notice of Inspection and understand its contents and purpose;
3. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
4. I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
5. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Angela C Byerly, R.Ph.
Signature

Witnesses:

_____
Signature

_____
Signature

TEXAS PHARMACY ACT
(Occupations Code, Subtitle J)

CHAPTER 554. BOARD POWERS AND DUTIES; RULEMAKING AUTHORITY
SUBCHAPTER A. POWERS AND DUTIES

Sec. 554.001. General Powers and Duties of Board.

XXX

(c) The board may:

XXX

(2) inspect a facility licensed under this subtitle for compliance with this subtitle.

XXX

CHAPTER 556. ADMINISTRATIVE INSPECTIONS AND WARRANTS
SUBCHAPTER A. GENERAL PROVISIONS

Sec. 556.001. Definition. In this chapter, "facility" means a place:

(1) for which an application has been made for a pharmacy license under this subtitle;
(2) at which a pharmacy licensed under this subtitle is located;
(3) at which a pharmacy is being operated in violation of this subtitle; or
(4) where the practice of pharmacy occurs.

SUBCHAPTER B. INSPECTIONS

Sec. 556.051. Authorization To Enter and Inspect. The board or a representative of the board may enter and inspect a facility relative to the following:

(1) drug storage and security;
(2) equipment;
(3) components used in compounding, finished and unfinished products, containers, and labeling of any item;
(4) sanitary conditions; or
(5) records, reports, or other documents required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws.

Sec. 556.052. Requirements Before Entry and Inspection.

(a) Before an entry and inspection of the facility, the person authorized to represent the board must:
  (1) state the purpose for the inspection; and
  (2) present to the owner, pharmacist, or agent in charge of the facility:
    (A) appropriate credentials; and
    (B) written notice of the authority for the inspection.

(b) If an inspection is required by or is supported by an administrative inspection warrant, the warrant is the notice for purposes of Subsection (a)(2)(B).

Sec. 556.053. Extent of Inspection. Except as otherwise provided in an inspection warrant, the person authorized to represent the board may:

(1) inspect and copy documents, including records or reports, required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws;
(2) inspect, within reasonable limits and in a reasonable manner, a facility's storage, equipment, security, prescription drugs or devices, components used in compounding, finished and unfinished products, or records; or
(3) perform an inventory of any stock of prescription drugs or devices, components used in compounding, or finished and unfinished products in a facility and obtain samples of those substances.

Sec. 556.054. Limitation on Inspection. Unless the owner, pharmacist, or agent in charge of a facility consents in writing, an inspection of the facility authorized by this chapter may not extend to:

(1) financial data;
(2) sales data, other than shipment data; or
(3) pricing data.

XXX

SUBCHAPTER C. WARRANTS

Sec. 556.101. Warrant Not Required. A warrant is not required under this chapter to:

(1) inspect books or records under an administrative subpoena issued under this subtitle; or
(2) enter a facility or conduct an administrative inspection of a facility if:
  (A) the owner, pharmacist, or agent in charge of the facility consents to the inspection;
  (B) the situation presents imminent danger to the public health and safety;
  (C) the situation involves inspection of a conveyance, if there is reasonable cause to believe that the mobility of the conveyance makes it impracticable to obtain a warrant; or
  (D) any other exceptional situation or emergency exists involving an act of God or natural disaster in which time or opportunity to apply for a warrant is lacking.

XXX

TEXAS STATE BOARD OF PHARMACY INSPECTION REPORT

CLASS: (A) A-S B C C-S (BEDS____) D Other_____

Name of Pharmacy Prescription Mart — **TSBP License #** 24069

Pharmacist in Charge Angela Carol Byerly — **Lic** 33030 **Exp** 04/30/22

Personnel — **Lic**_____ **Exp**_____

Lic_____ **Exp**_____

Lic_____ **Exp**_____

Lic_____ **Exp**_____

KEY: Circled items need improvement, √ items in Column One Refer to Legal Division (R/L) for review and possible discipline.
√ items in Column Two receive a Warning Notice (W/N).
For an explanation of specific violations noted, refer to remarks section of inspection report.

R/L		W/N	
	1		Licenses not posted
	2		Insufficient Equipment
	3		Orderly/Clean
	4		Balance Failed
	5		Equipment Inspection & Balances
	6		Inadequate Library
	7		Improper security
	8		Environment
	9		Delinquent licenses/certifications
	36		No notification of substitution
	90		No complaint notification
	38		Area for non sterile compounding
	43		Records for non sterile compounding
	47		Out of date/mislabeled drug stock
	48		Improper drug storage
	53		Illegal possession of C/S
	57		Corresponding Responsibility
	59		Improper drug destruction
	61		Improper supervision of supportive personnel
	62		Aiding and abetting
	65		Improper registration procedures
	66		Grey Market diversion/ Samples
	76		No PIC
	34		Notification Violation
	79		Nametags
	60		Improper documentation of training
	92		Improper automated dispensing procedures

R/L		W/N	
			Date of last inventory 07/27/19 OOB
	15		No PIC inventory
	69		No annual inventory
	68		No change of ownership inventory
	31		Closed Phcy/Change of owner improper
	17		Incomplete inventory
	18		Records not available
	46		Improper distribution
	54		Improper prepackaging procedures
	24		Theft/Loss not reported NONE
	30		Invoices not dated/initialed
	86		Absence of RPh pick up records
	19		Rx lacks proper information
	25		No documentation of refill authorization
	32		Rx label is incorrect
	40		Non emergency C-II Rx
	26		C II Rx noncompliance
	37		Illegal dispensing
	45		Improper dispensing/ labeling
	44		Refill CIII-V over 5x/6mo
	55		Refill prn past one year
	78		Counseling area
	80		No counseling by RPh
	56		Improper transfer of Rx
	50		Out of state verbal Rx for C/S
	49		Substitution noncompliance
	33		Rx records not in numerical order

R/L		W/N	
	10		Rxs not separated
	35		Invoices not separated
	67		No written information
	21		Computer records incomplete
	22		Computer system noncompliance
	82		PMR Incomplete
	83		PMR Absent
	84		No drug regimen review
	16		No perpetual inventory
	27		Improper inpatient records
	51		Improper ER dispensing
	75		Improper absence of RPh procedures
	70		No P&P manual
	71		Incomplete P&P manual
	72		Improper procedures for IV preparation
	81		Area for preparation of sterile products
	85		Patient Care Guidelines incomplete
	87		Quality Control/Assurance
	88		Cytotoxic/Biohazardous Procedures
	89		Refrigerator Temperature Log
	28		No provision log
	29		Incomplete provision log
	52		Improper provision/ dispensing in Class D
	63		Prohibited drugs in Class D pharmacy
	64		Violation of limited formulary
	91		RPh visits/contact documentation
	73		Formulary not complete

Remarks

* Discussed with R.Ph. w/re "Red Flags checklist" and Corresponding Responsibility using references to the DEA R.Ph. manual, TSBP Rules 291.29 and 291.34(b).

Action Taken

(1) ___ Inspection
(2) ___ Pre-Inspection
(3) ___ Partial Inspection
(4) ___ Visit
(5) ✓ Other Distance Inspection

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Kleya Yeng
Agent of the Texas State Board of Pharmacy

Amanda C Bueno, RPh
Authorized Individual for the Pharmacy

05/27/20
Date

1:50 PM
Time of ~~Exit~~ completion

Amanda C Bueno
Printed Name and Title of Authorized Individual

PRESCRIPTION MART
P O BOX 12607
BEAUMONT, TX 77726-0000

29/656 1:5

1000301 3/001999-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BP9202653	03-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-02-2020

PRESCRIPTION MART
4144 DOWLEN RD
BEAUMONT, TX 77706-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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PRESCRIPTION MART
4144 DOWLEN RD
BEAUMONT, TX 77706-0000

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Form DEA-223 (9/2016)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SCL Specialty Meds, LLC (file number 803971282), a Domestic Limited Liability Company (LLC), was filed in this office on March 12, 2021.

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 June 04, 2021.

Jose A. Esparza
Deputy Secretary of State

TEXAS STATE BOARD OF PHARMACY

Re:	Prescription Mart
Address:	4144 Dowlen Road Beaumont, Texas 77706
License No.:	24069
Date Issued:	March 29, 2005
Licensure Status:	Active
Expiration Date:	March 31, 2023
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. Prescription Mart (Texas Pharmacy License #24069) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

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

June 24, 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.

PRESCRIPTIONMART

4144 Dowlen Rd
Beaumont, TX 77706
1-800-713-1230

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
775-850-1440

June 30, 2021

Re: RPH Partners, LLC DBA Prescription Mart ("Pharmacy") License; Change of Ownership.

Dear State Board of Pharmacy Representative,

Please find enclosed Pharmacy's Change of Ownership Application, including the relevant documents (if any) related to the application. RPH Partners, LLC DBA Prescription Mart is remaining in effect as the legal entity owning the Pharmacy with the same FEIN and PIC; however, the ownership within RPH Partners, LLC DBA Prescription Mart has changed as demonstrated within the attached documents.

If you have any questions or concerns, please feel free to contact me. Thank you for your assistance.

Sincerely,

Angie C. Byerly

Angie C. Byerly, R.Ph
Pharmacist-In-Charge
Prescription Mart
4144 Dowlen Rd.
Beaumont, TX 77706
Office: 800-713-1230
Mobile: (409) 673-0675
E-mail: angie@presmartinc.com

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Angela C. Byerly

Date: 08/25/2021
Amount:
License #: 21043

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/25/2022

Angela C. Byerly

License #
21043
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 02/25/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21043

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Angela C. Byerly

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4MM

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: Roman Health Pharmacy LLC

Physical Address: 805 W Carrier Parkway, STE 240, Grand Prairie, TX 75050

Mailing Address: 3602 Quantum Blvd

City: Boynton Beach State: FL Zip Code: 33426

Telephone: 888-798-8686 Fax: N/A

Toll Free Number: 888-798-8686 (Required per NAC 639.708)

E-mail: rxlicensing@ro.co Website: romanhealthpharmacy.com

Managing Pharmacist: Vivian Akpala License Number: 64807 - TX

NV 20168 V 8/24 PI

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

Christina Antoun

Print Name of Authorized Person

6/10/21

Date

Board Use Only	Date Processed:	Amount: 500 Check # 101101

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Roman Health Ventures Inc.

Mailing Address: 116 W 23rd Street, 4th Floor

City: New York State: NY Zip: 10011

Telephone: 888-798-8686 Fax: N/A

Contact Person: Zachariah Reitano, President

For any corporation non publicly traded, disclose the following:

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

a) Roman Health Ventures Inc., 116 W 23rd Street, 4th Floor , NY, NY 10011
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

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

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday closed am _____ pm

Sunday closed am _____ 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

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Christina Antoun

Responsible Person of Roman Health 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

Christina Antoun
Print Name of Authorized Person

6/10/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Palm Beach COUNTY)

I, Christina Antoun, 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 Licensing and Compliance Manager for Roman Health 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, Christina Antoun, *do hereby swear under penalty of perjury that the assertions of this affidavit are true.*

Name

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

NOTARY PUBLIC

STEVENS MILORD
Commission # GG 102811
Expires September 9, 2021
Bonded Thru Budget Notary Services

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROMAN HEALTH PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROMAN HEALTH PHARMACY LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2017.

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

Jeffrey W. Bullock, Secretary of State

6408659 8300

SR# 20211628656

Authentication: 203147881

Date: 05-06-21

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

Roman Health Pharmacy LLC

List of Officers

Corporate Officers of Roman Health Pharmacy LLC:

Name	Title
Zachariah Reitano	President and Manager
Rob Schutz	Vice President
Saman Rahmanian	Secretary, Treasurer, and Manager

OPERATING AGREEMENT
OF
ROMAN HEALTH PHARMACY LLC

THIS OPERATING AGREEMENT (this "**Agreement**") of **ROMAN HEALTH PHARMACY LLC**, a Delaware limited liability company (the "**Company**"), dated as of May 11, 2017, is made and entered into by **ROMAN HEALTH VENTURES INC.**, a Delaware corporation (the "**Member**").

WHEREAS, the Member wishes to form a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (as amended from time to time, the "**Act**");

NOW, THEREFORE, the Member hereby agrees as follows:

ARTICLE I
THE COMPANY

Section 1.1 **Formation; Admission**. The Company was formed as a limited liability company under the provisions of the Act by the filing on May 11, 2017 of the Certificate of Formation with the Secretary of State of the State of Delaware (the "**Certificate**"). The filing of the Certificate is hereby ratified by the Member.

Section 1.2 **Name; Purpose**. The name of the Company shall be **ROMAN HEALTH PHARMACY LLC**. The Company may engage in any lawful business of every kind and character for which a limited liability company may be organized under the Act or any successor statute. The Company shall have all of the powers provided for a limited liability company under the Act.

Section 1.3 **Registered Agent; Offices**.

(a) The registered agent for the service of process and the registered office shall be that person and location reflected in the Certificate. The Board (as such term is defined below) may, from time to time, change the registered agent or office through appropriate filings with the Secretary of State of the State of Delaware. In the event the registered agent ceases to act as such for any reason or the registered office shall change, the Board shall promptly designate a replacement registered agent or file a notice of change of address as the case may be.

(b) The principal place of business of the Company shall be located in such location as the Board may from time to time determine. The Company may have, in addition to such office, such other offices and places of business at such locations, both within and without the State of Delaware, as the Board may from time to time determine or the business and affairs of the Company may require.

Section 1.4 **Filings and Foreign Qualification**. The Member, any Manager (as such term is defined below) or any authorized officer of the Company shall promptly execute and deliver all such certificates and other instruments conforming hereto as shall be necessary to accomplish all filing, recording, publishing and other acts appropriate to comply with all requirements for the formation and operation of a limited liability company under the laws of the State of Delaware and for the qualification and operation of a limited liability company in all other jurisdictions where the Company shall propose to conduct business.

Section 1.5 **Units**. The membership interests in the Company shall be denominated in units referred to as "**Units**". The total number of Units that the Company shall have authority to issue is 500 Units. The Member is the owner of 500 Units. The rights and liabilities of the Member shall be as provided in the Act, except as is otherwise expressly provided in this Agreement. All of the Units shall be in registered form, and the Company shall maintain a register in which the name and address of the then current holders of Units shall be recorded. Unless otherwise determined by the Board, Units shall not be certificated.

Section 1.6 **Limited Liability**. Except as otherwise provided by the Act, the debts, obligations and liabilities of the Company, whether arising in contract, tort or otherwise, shall be solely the debts, obligations and liabilities of the Company, and neither the Member nor any Manager or officer shall be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a member, manager or officer of the Company.

ARTICLE II
CAPITAL CONTRIBUTIONS; PROFITS AND LOSSES; DISTRIBUTIONS

Section 2.1 **Capital Contributions**. The Member may, in its sole discretion, but shall not be required to, make contributions of the type permitted by the Act to the capital of the Company. Except as otherwise provided in this Agreement, the Member shall not be entitled to withdraw, or to receive a return of, any capital contribution or any portion thereof. No interest shall accrue on any capital contributions.

Section 2.2 **Profits and Losses**. All profits and losses of the Company shall be allocated and charged to the holder(s) of the Units on a pro rata basis. All items of Company taxable income, gain, loss, deduction or credit recognized or allocated for federal income tax purposes shall also be allocated and credited or charged to the holder(s) of the Units on a pro rata basis.

Section 2.3 **Distributions**. Subject to the Act and other applicable law, the Board shall cause the Company to distribute funds to the holder(s) of the Units on a pro rata basis at the Board's discretion.

ARTICLE III
MANAGEMENT

Section 3.1 **Board of Managers**. Except to the extent otherwise provided for in this Agreement, the powers of the Company shall be exercised by and under the authority of, and the business and affairs of the Company shall be managed under the direction of, a Board of Managers (the "**Board**"), which shall initially consist of two (2) managers (the "**Managers**"). Except as otherwise set forth in this Agreement, the Member shall not, by reason of its status as a member, have any authority to act for and bind the Company, but shall have only the right to vote on or approve: (a) the actions specified in this Agreement to be voted on or approved by the Member; and (b) except to the extent otherwise provided in this Agreement, the actions specified in the Act to be voted on or approved by the Member. The size of the Board may be increased or decreased by the Member in its sole discretion. The Member shall have the right to appoint and to remove, with or without cause, any or all of the Managers in its sole discretion. The Managers shall initially be Zachariah Reitano and Saman Rahmanian.

Section 3.2 **Meetings of the Board; Quorum; and Action by the Board**. Meetings of the Board shall be held at such times and places as may be decided by the Member. Notice of the time and place of a meeting shall be delivered personally or by telephone to each Manager and sent by first-class mail, facsimile, electronic mail or a nationally recognized overnight courier, charges prepaid, addressed to each Manager at that Manager's address as it is shown on the records of the Company. In case the notice is mailed, it shall be deposited in the United States mail at least five (5) calendar days before the time of the holding of the meeting. In case the notice is delivered personally or by telephone, facsimile, electronic mail or overnight courier, it shall be given at least two (2) calendar days before the time of the holding of the meeting. Any oral notice given personally or by telephone may be communicated either to the Manager or to a person at the office of the Manager whom the person giving the notice has reason to believe will promptly communicate it to the Manager. Attendance by any Manager at a meeting of the Board shall constitute a waiver of notice to such Manager of such meeting. The notice need not specify the purpose of the meeting. At all meetings of the Board, the presence of a majority of the total number of Managers shall be necessary and sufficient to constitute a quorum for the transaction of business. Unless otherwise specifically required by law or this Agreement, the act of a majority of Managers present at a meeting at which a quorum is present shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Managers present may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. At any such adjourned meeting, any business may be transacted that might have been transacted at the meeting as originally convened. Any action required or permitted to be taken at any meeting of the Board may be taken without a meeting if a majority of the Managers consent thereto in writing, and the writing is filed with the minutes of proceedings of the Board. A photographic, photo-static, facsimile, electronic (including in .pdf format) or similar reproduction of a writing signed by a Manager shall be regarded as signed by the Manager for purposes of this Section 3.2.

Section 3.3 **Authority of Managers**. Unless specifically authorized by a resolution duly adopted by the Board, no Manager, solely in his or her capacity as a Manager, shall have the authority or power to act as agent for or on behalf of the Company or any other Manager, to

do any act which would be binding on the Company or any other Manager, to incur any expenditures on behalf of or for the Company, or to execute, deliver and perform any agreements, acts, transactions or other matters on behalf of the Company.

Section 3.4 Officers.

(a) The Board may designate one or more individuals (who may or may not be Managers) to serve as officers of the Company. The Company shall have such officers as the Board may from time to time determine, which officers may (but need not) include a Chairman, Chief Executive Officer, President, Chief Operating Officer, Chief Financial Officer, one or more Vice Presidents (and in case of each such Vice President, with such descriptive title, if any, as the Board shall deem appropriate), Secretary and Treasurer. Unless the Board determines otherwise, if the title is one commonly used for officers of a business corporation formed under the Delaware General Corporation Law, the assignment of such title shall constitute the delegation to such person of the authorities and duties that are customarily associated with that office. Any delegation pursuant to this Section 3.4 may be revoked at any time by the Board.

(b) Each of the following persons is hereby appointed to serve as an officer of the Company, until removed by the Board, with or without cause, in its sole and absolute discretion, or the earlier death or resignation of such person:

Name	Office
Zachariah Reitano	President
Saman Rahmanian	Secretary and Treasurer
Rob Schutz	Vice President

ARTICLE IV
EXCULPATION AND INDEMNIFICATION

Neither the Member, any Manager nor any officer of the Company (each, an "**Indemnified Party**") shall be liable to the Company for any loss, damage or claim incurred by reason of any act or omission performed or omitted by the Indemnified Party in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on the Indemnified Party by this Agreement, except that the Indemnified Party shall be liable for any such loss, damage or claim incurred by reason of the Indemnified Party's willful misconduct or gross negligence. To the fullest extent permitted by applicable law, the Indemnified Party shall be entitled to indemnification from the Company for any loss, damage or claim incurred by the Indemnified Party by reason of any act or omission performed or omitted by the Indemnified Party in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on the Indemnified Party, except that the Indemnified Party shall not be entitled to be indemnified in respect of any loss, damage or claim incurred by the Indemnified Party by reason of willful misconduct or gross negligence with respect to such acts or omissions; provided, however, that any indemnity under this Article IV shall be provided out of and to the extent of Company assets only, and the

Member shall not have any liability on account thereof. Notwithstanding anything herein to the contrary, the indemnification afforded herein shall be subject to, and no broader than permitted by, the laws of Delaware, in the absence of the approval of the Member.

ARTICLE V
DISSOLUTION

Section 5.1 **Events of Dissolution**. The Company shall have a perpetual existence unless sooner dissolved by:

(a) the election of the Member; or

(b) the entry of a decree of judicial dissolution under Section 18-802 of the Act.

Section 5.2 **Bankruptcy of the Member**. The bankruptcy of the Member will not cause the Member to cease to be the member of the Company and upon the occurrence of such event, the business of the Company shall continue without dissolution.

Section 5.3 **Liquidation and Winding Up**. In the event of dissolution, the Company shall be wound up and its assets liquidated. In connection with the dissolution and winding up of the Company, the Board or such other person designated by the Board shall proceed with the sale, exchange or liquidation of all of the assets of the Company and shall conduct only such other activities as are necessary to wind up the Company's affairs, and the assets of the Company shall be applied in the manner, and in the order of priority, set forth in Section 18-804 of the Act.

ARTICLE VI
ACCOUNTS

All funds of the Company shall be deposited in the name of the Company in such account or accounts as shall be designated by the Board. All withdrawals from such account or accounts are to be made upon written bank instruments which must be signed by a Manager or a duly authorized officer.

ARTICLE VII
BOOKS

The Board shall cause to be kept, at the principal place of business of the Company, full and proper ledgers and other books of account in which shall be entered all matters relating to the Company, including all income, expenditures, assets and liabilities thereof. Such books shall be kept on a calendar-year basis in accordance with generally accepted accounting principles consistently applied, and shall be closed and balanced at the end of each tax year.

ARTICLE VIII
MISCELLANEOUS

Section 8.1 **Governing Law**. This Agreement, and any question, dispute or other matter related to or arising from this Agreement, will be governed by the laws of the State of Delaware without reference to conflict of laws principles.

Section 8.2 **Binding Effect**. This Agreement binds the Member and its respective distributees, successors and assigns and any other person claiming a right or benefit under or covered by this Agreement.

Section 8.3 **Amendments**. This Agreement may be amended upon the written consent of the Member.

Section 8.4 **Severability**. If any provision of this Agreement is held to be illegal, invalid or unenforceable:

(a) that provision will be fully severable and this Agreement will be construed and enforced as if the illegal, invalid or unenforceable provision had never been part of this Agreement;

(b) the remaining provisions of this Agreement will remain in full force and will not be affected by the illegal, invalid or unenforceable provision or by its severance from this Agreement; and

(c) in the place of the illegal, invalid, or unenforceable provision, there will be added automatically to this Agreement a legal, valid and enforceable provision that is as similar to the illegal, invalid or unenforceable provision as possible.

Section 8.5 **Entire Agreement**. This Agreement embodies the complete agreement and understanding among the parties hereto with respect to the subject matter hereof and supersedes and preempts any prior understandings, agreements or representations by or among the parties hereto, written or oral, which may have related to the subject matter hereof in any way.

[*Signature Page Follows*]

IN WITNESS WHEREOF, the Member has executed this Agreement as of the date first set forth above.

ROMAN HEALTH VENTURES INC.

By: _____

Name: Zachariah Reitano

Title: Co-Founder and Chief Executive Officer

1379

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

License No. **33463** Expiration Date: **10/31/2022**

Balances: **0**

ROMAN HEALTH PHARMACY LLC
805 W CARRIER PKWY STE 240
GRAND PRAIRIE TX 75050

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 33463

ROMAN HEALTH PHARMACY LLC

License Information

License Status Active
License # 33463
Expiration Date 10/31/2022
Date License Issued 10/22/2020

Address

805 W CARRIER PKWY STE 240
GRAND PRAIRIE, TX 75050
County DALLAS
Phone (888) 798-8686

Pharmacy Details

Prior Disciplinary Orders* No

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

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Other
# of Hospital beds

Employment Information

Pharmacist in Charge
AKPALA, VIVIAN OJORUMI

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	

¥ 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

- 1110991 33463 ROMANHEALTHPHARMACYLLC 2020-10 10-2025 (002).pdf

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

Services Provided

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

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
AKPALA, VIVIAN OJORUMI	64807	07/04/2019	03/31/2023	PIC	Active

HOANG, LAM BA	67332	08/20/2020	04/30/2022	Relief	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ACOSTA, ALEX	272768	08/08/2017	03/31/2023	Staff	Active
BRYANT, MARRECA	309327	07/13/2020	07/31/2022	Staff	Active
PRESLAR, CHRISTOPHER RYAN	275859	10/20/2017	10/31/2021	Staff	Active
ROBINSON, SAMANTHIA DELORES	286998	08/24/2018	09/30/2022	Staff	Active

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Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
ROMAN HEALTH VENTURES INC	OWNER	,			
SCHUTZ, ROB	OFFICER	,			
RAHMANIAN, SAMAN	OFFICER	,			
REITANO, ZACHARIAH	OFFICER	,			

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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.

Darlene Nases

From: Amanda Hoffman <amanda@nabp.solutions>
Sent: Tuesday, July 6, 2021 11:05 AM
To: Darlene Nases
Cc: Christina Antoun
Subject: Re: Nevada Pharmacy License Application - Roman Health Pharmacy, LLC (Grand Prairie, TX and Englewood, CO) - Need more information
Attachments: TX RHP 6.2.21 Inspection and Response.pdf

Darlene,

See below for my earlier email and attachments to respond to the deficiency notice for Roman Health Pharmacy's Colorado and Texas facilities. We also wanted to provide the most updated state inspection report for the Texas facility, received after our initial submission. A complete copy of the report is attached.

Thank you,
Amanda

On Tue, Jul 6, 2021 at 10:49 AM Amanda Hoffman <amanda@nabp.solutions> wrote:

Good Morning, Darlene,

Attached please find the Internet Services Addendum and the related Policies and Procedures for Roman Health Pharmacy LLC's Colorado and Texas facilities. The same form and P&Ps apply to both facilities.

I've also included signed license verification authorization forms for each facility. As I mentioned before, Texas and Colorado consider their online verifications of good standing (previously submitted) as primary sources and do not issue letters of good standing beyond the online verifications.

Please let me know if you have any questions or need anything else to complete this file.

Thank you,
Amanda

On Tue, Jun 22, 2021 at 8:12 AM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

Hello Amanda,

Please see response below.

If you have any other questions, please let me know.

Regards,

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *ROMAN HEALTH PHARMACY LLC* **License Number:** *33463*
Class of License: *A*

Inspection Information

Type: *Compliance* **Purpose:** *Licensee Request*
Date: *06/02/2021* **Arrival Time:** *9:00 AM* **Departure Time:** *11:45 AM*
Action Taken: *Inspection*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*

Comment

Advised PIC to update staff roster.

01. Licenses not posted	*Satisfactory*
09: Delinquent licenses/certifications	*Satisfactory*
62: Aiding and abetting	*Satisfactory*
65: Improper registration procedures	*Satisfactory*
79: Nametags	*Satisfactory*

Inventory Records

15: No PIC inventory	*Satisfactory*

Comment

10-23-2020

17: Incomplete inventory	*Satisfactory*
59: Improper drug destruction	*Satisfactory*
68: No change of ownership inventory	*Not Applicable*
69: No annual inventory	*Satisfactory*

Notifications

31: Closed Phcy/Change of owner improper	*Not Applicable*
34: Notification Violation	*Satisfactory*
76: No PIC	*Satisfactory*

Environment/Equipment/Security

02: Insufficient Equipment	*Satisfactory*
03: Orderly/Clean	*Satisfactory*
04: Balance Failed	*Not Applicable*
05: Equipment Inspection	*Satisfactory*
07: Improper security	*Sotisfactory*

Comment

Recommend to install additional motion sensor in secondary drug storage area.

08: Environment	*Satisfactory*
47: Out of date/mislabeled drug stock	*Satisfactory*
48: Improper drug storage	*Satisfactory*
66: Grey Market diversion/Samples	*Not Applicable*
78: Counseling area	*Not Applicable*
90: No complaint notification	*Satisfactory*

Controlled Substances

10: Rxs not separated	*Not Applicable*
19: Rx lacks proper information	*Satisfactory*
24: Theft/Loss not reported	*Satisfactory*

Comment

NONE

26: CII Rx Noncompliance	*Not Applicable*
30: Invoices not dated/initialed	*Not Applicable*
33: Rx records not in numerical order	*Satisfactory*
35: Invoices not separated	*Not Applicable*

Controlled Substances *(continued)*

40: Non emergency CII Rx	*Not Applicable*
44: Refill CIII-V over 5x/6mo	*Not Applicable*
46: Improper distribution	*Not Applicable*
50: Out of state verbal Rx for C/S	*Not Applicable*
53: Illegal possession of C/S	*Not Applicable*
57: Corresponding Responsibility	*Satisfactory*

Labeling/Prepackaging

32: Rx label is incorrect	*Satisfactory*
45: Improper dispensing/labeling	*Satisfactory*
54: Improper prepackaging procedures	*Not Applicable*

Library

06: Inadequate Library	*Satisfactory*

Training

60: Improper documentation of training ***Unsatisfactory***

297.6(e).

Pharmacy technician and pharmacy technician trainee training shall be outlined in a training manual. Such training manual shall, at a minimum, contain the following:
(1) written procedures and guidelines for the use and supervision of pharmacy technicians and pharmacy technician trainees. Such procedures and guidelines shall:
(A) specify the manner in which the pharmacist responsible for the supervision of pharmacy technicians and pharmacy technician trainees will supervise such personnel and verify the accuracy and completeness of all acts, tasks, and functions performed by such personnel; and
(B) specify duties which may and may not be performed by pharmacy technicians and pharmacy technician trainees; and
(2) instruction in the following areas and any additional areas appropriate to the duties of pharmacy technicians and pharmacy technician trainees in the pharmacy:
(A) Orientation;
(B) Job descriptions;
(C) Communication techniques;
(D) Laws and rules;
(E) Security and safety;
(F) Prescription drugs:
(i) Basic pharmaceutical nomenclature;
(ii) Dosage forms;
(G) Drug orders:
(i) Prescribers;
(ii) Directions for use;
(iii) Commonly-used abbreviations and symbols;
(iv) Number of dosage units;
(v) Strengths and systems of measurement;
(vi) Routes of administration;
(vii) Frequency of administration; and
(viii) Interpreting directions for use;
(H) Drug order preparation:
(i) Creating or updating patient medication records;
(ii) Entering drug order information into the computer or typing the label in a manual system;
(iii) Selecting the correct stock bottle;

60: Improper documentation of training *(continued)* **Unsatisfactory**

(iv) Accurately counting or pouring the appropriate quantity of drug product;
(v) Selecting the proper container;
(vi) Affixing the prescription label;
(vii) Affixing auxiliary labels, if indicated; and
(viii) Preparing the finished product for inspection and final check by pharmacists;
(I) Other functions;
(J) Drug product prepackaging;
(K) Written policy and guidelines for use of and supervision of pharmacy technicians and pharmacy technician trainees; and
(L) Confidential patient medication records.

297.6(c).

The pharmacist-in-charge shall document the completion of the training program and certify the competency of pharmacy technicians and pharmacy technician trainees completing the training. A written record of initial and in-service training of pharmacy technicians and pharmacy technician trainees shall be maintained and contain the following information:
(1) name of the person receiving the training;
(2) date(s) of the training;
(3) general description of the topics covered;
(4) a statement that certifies that the pharmacy technician or pharmacy technician trainee is competent to perform the duties assigned;
(5) name of the person supervising the training; and
(6) signature of the pharmacy technician or pharmacy technician trainee and the pharmacist-in-charge or other pharmacist employed by the pharmacy and designated by the pharmacist-in-charge as responsible for training of pharmacy technicians and pharmacy technician trainees.

Warning Notice **Due Date for Completed Correction: *07/02/2021***

Failure to have a Technician Training Manual s required by rule and documentation of initial training for all technicians. Correct/resolve deficiency by date noted.

61: Improper supervision of supportive personnel *Satisfactory*

Patient/Computer/Dispensing Records

18: Records not available *Satisfactory*

21: Computer records incomplete *Satisfactory*

291.34(i)(1).

Other records. Other records to be maintained by a pharmacy:
A log of the initials or identification codes that will identify each pharmacist, pharmacy technician, and pharmacy technician trainee who is involved in the dispensing process, in the pharmacy's data processing system (the initials or identification code shall be unique to ensure that each individual can be identified, i.e., identical initials or identification codes shall not be used). Such log shall be maintained at the pharmacy for at least seven years from the date of the transaction.

Comment

Advised to maintain a log of initials or ID codes to identify each pharmacist and technician for at least seven years.

22: Computer system noncompliance *Satisfactory*

291.34(e).

Prescription drug order records maintained in a data processing system.
(1) General requirements for records maintained in a data processing system.
(A) Compliance with data processing system requirements. If a Class A pharmacy's data processing system is not in compliance with this subsection, the pharmacy must maintain a manual record keeping system as specified in subsection (d) of this section.
(B) Original prescriptions. Original prescriptions shall be maintained in three files as specified in subsection (b)

22: Computer system noncompliance *(continued)* *Satisfactory*

(6)(D) of this section.

(C) Requirements for backup systems.

(i) The pharmacy shall maintain a backup copy of information stored in the data processing system using disk, tape, or other electronic backup system and update this backup copy on a regular basis, at least monthly, to assure that data is not lost due to system failure.

(ii) Data processing systems shall have a workable (electronic) data retention system that can produce an audit trail of drug usage for the preceding two years as specified in paragraph (2)(H) of this subsection.

(D) Change or discontinuance of a data processing system.

(i) Records of dispensing. A pharmacy that changes or discontinues use of a data processing system must:

(I) transfer the records of dispensing to the new data processing system; or

(II) purge the records of dispensing to a printout that contains the same information required on the daily printout as specified in paragraph (2)(C) of this subsection. The information on this hard copy printout shall be sorted and printed by prescription number and list each dispensing for this prescription chronologically.

(ii) Other records. A pharmacy that changes or discontinues use of a data processing system must:

(I) transfer the records to the new data processing system; or

(II) purge the records to a printout that contains all of the information required on the original document.

(iii) Maintenance of purged records. Information purged from a data processing system must be maintained by the pharmacy for two years from the date of initial entry into the data processing system.

(E) Loss of data. The pharmacist-in-charge shall report to the board in writing any significant loss of information from the data processing system within 10 days of discovery of the loss.

(2) Records of dispensing.

(A) Each time a prescription drug order is filled or refilled, a record of such dispensing shall be entered into the data processing system.

(B) Each time a modification, change or manipulation is made to a record of dispensing, documentation of such change shall be recorded in the data processing system. The documentation of any modification, change, or manipulation to a record of dispensing shall include the identification of the individual responsible for the alteration. Should the data processing system not be able to record a modification, change, or manipulation to a record of dispensing, the information should be clearly documented on the hard copy prescription.

(C) The data processing system shall have the capacity to produce a daily hard copy printout of all original prescriptions dispensed and refilled. This hard copy printout shall contain the following information:

(i) unique identification number of the prescription;

(ii) date of dispensing;

(iii) patient name;

(iv) prescribing practitioner's name and the supervising physician's name if the prescription was issued by an advanced practice registered nurse, physician assistant or pharmacist;

(v) name and strength of the drug product actually dispensed; if generic name, the brand name or manufacturer of drug dispensed;

(vi) quantity dispensed;

(vii) initials or an identification code of the dispensing pharmacist;

(viii) initials or an identification code of the pharmacy technician or pharmacy technician trainee performing data entry of the prescription, if applicable;

(ix) if not immediately retrievable via computer display, the following shall also be included on the hard copy printout:

(I) patient's address;

(II) prescribing practitioner's address;

(III) practitioner's DEA registration number, if the prescription drug order is for a controlled substance;

(IV) quantity prescribed, if different from the quantity dispensed;

(V) date of issuance of the prescription drug order, if different from the date of dispensing; and

(VI) total number of refills dispensed to date for that prescription drug order; and

(x) any changes made to a record of dispensing.

(D) The daily hard copy printout shall be produced within 72 hours of the date on which the prescription drug orders were dispensed and shall be maintained in a separate file at the pharmacy. Records of controlled substances shall be readily retrievable from records of non-controlled substances.

(E) Each individual pharmacist who dispenses or refills a prescription drug order shall verify that the data indicated on the daily hard copy printout is correct, by dating and signing such document in the same manner as signing a check or legal document (e.g., J.H. Smith, or John H. Smith) within seven days from the date of dispensing.

(F) In lieu of the printout described in subparagraph (C) of this paragraph, the pharmacy shall maintain a log book in which each individual pharmacist using the data processing system shall sign a statement each day, attesting to the fact that the information entered into the data processing system that day has been reviewed by him or her and is correct as entered. Such log book shall be maintained at the pharmacy employing such a system for a period of two years after the date of dispensing; provided, however, that the data processing system can produce the hard copy printout on demand by an authorized agent of the Texas State Board of Pharmacy. If no printer is available on site, the hard copy printout shall be available within 72 hours with a certification by the individual providing the printout, stating that the printout is true and correct as of the date of entry and such information has not been altered, amended, or modified.

(G) The pharmacist-in-charge is responsible for the proper maintenance of such records, for ensuring that such data processing system can produce the records outlined in this section, and that such system is in compliance with this subsection.

22: Computer system noncompliance *(continued)* *Satisfactory*

(H) The data processing system shall be capable of producing a hard copy printout of an audit trail for all dispensing (original and refill) of any specified strength and dosage form of a drug (by either brand or generic name or both) during a specified time period.

(i) Such audit trail shall contain all of the information required on the daily printout as set out in subparagraph (C) of this paragraph.

(ii) The audit trail required in this subparagraph shall be supplied by the pharmacy within 72 hours, if requested by an authorized agent of the Texas State Board of Pharmacy.

(I) Failure to provide the records set out in this subsection, either on site or within 72 hours constitutes prima facie evidence of failure to keep and maintain records in violation of the Act.

(J) The data processing system shall provide online retrieval (via computer display or hard copy printout) of the information set out in subparagraph (C) of this paragraph of:

(i) the original controlled substance prescription drug orders currently authorized for refilling; and

(ii) the current refill history for Schedules III, IV, and V controlled substances for the immediately preceding six-month period.

(K) In the event that a pharmacy using a data processing system experiences system downtime, the following is applicable:

(i) an auxiliary procedure shall ensure that refills are authorized by the original prescription drug order and that the maximum number of refills has not been exceeded, or authorization from the prescribing practitioner shall be obtained prior to dispensing a refill; and

(ii) all of the appropriate data shall be retained for online data entry as soon as the system is available for use again.

(3) Authorization of refills. Practitioner authorization for additional refills of a prescription drug order shall be noted as follows:

(A) on the hard copy prescription drug order;

(B) on the daily hard copy printout; or

(C) via the computer display.

Comment **Due Date for Completed Correction:** *07/02/2021*

Advised to include all required information on daily print-outs.

25: No documentation of refill authorization *Satisfactory*

36: No notification of substitution *Satisfactory*

37: Illegal dispensing *Not Applicable*

49: Substitution noncompliance *Satisfactory*

56: Improper transfer of Rx *Satisfactory*

67: No written information *Satisfactory*

80: No counseling by RPh *Satisfactory*

82: PMR Incomplete *Satisfactory*

83: PMR Absent *Satisfactory*

84: No drug regimen review *Satisfactory*

86: Absence of RPh pick up records *Not Applicable*

Policies & Procedures

92: Improper automated dispensing procedures *Not Applicable*

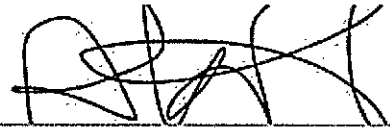
Non-Sterile Compounding

38: Area for non-sterile compounding	*Not Applicable*
43: Records for non-sterile compounding	*Not Applicable*

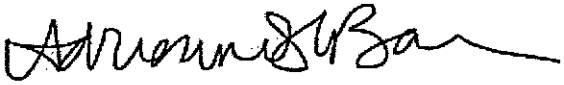
Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



VIVIAN AKPALA, PIC, 64807



Adrienne M. Bauer

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Warning Notice of Violation(s) Requiring Correction

Facility/Inspection Information

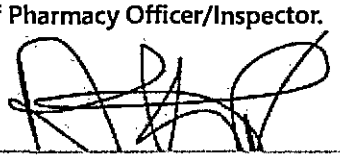
Name: *ROMAN HEALTH PHARMACY LLC* **License Number:** *33463*

Class of License: *A*

Signatures

Notice is hereby given that you are not in compliance with the following laws and rules governing the practice of pharmacy. Unless the conditions noted below are corrected, disciplinary action may be instituted against the pharmacy license and the license of the pharmacist-in-charge.

I hereby acknowledge that the laws and/or rules cited in the Warning Notice below have been explained to me by the Board of Pharmacy Officer/Inspector.



VIVIAN AKPALA, PIC, 64807

06/02/2021
Date

Warning Notice

1. **Rule/Law/Code:** 297.6(e)., 297.6(c).

   Explanation of Violation and Correction Needed:
   Failure to have a Technician Training Manual s required by rule and documentation of initial training for all technicians. Correct/resolve deficiency by date noted.

   Due Date for Completed Correction: *07/02/2021*

June 30, 2021

Texas State Board of Pharmacy
Attn: Adrienne Bauer
333 Guadalupe Street, Suite 3-500
Austin, TX 78701

RE: Roman Health Pharmacy LLC
33463 - Inspection Report

Via Electronic Mail

Dear Ms. Bauer,

This letter is in response to the Pharmacy Inspection Report dating June 02, 2021. The notice and report site the following item for correction and improvement:

1. Rule/Law/Code: 297.6(e)., 297.6(c). Failure to have a Technician Training Manual is required by rule and documentation of initial training for all technicians. Correct/resolve deficiency by date noted.

The above item has been resolved by documenting and training all employed pharmacy technicians. We have also followed all recommendations you have provided on the inspection report.

The aforementioned corrective action addresses the item noted in the report as well as demonstrates our commitment to compliance and patient safety. We thank you for the time and attention you provided during the inspection.

Sincerely,

Christina Antoun
Sr. Pharmacist, Licensing and Compliance Manager
Roman Health Pharmacy LLC

Phcy. Lic. # PreInspection

Expiration Date: -/-/-

NOTICE OF INSPECTION
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, Texas 78701-3942
(512) 305-8000

☑ **Compliance**
☐ **Investigation**

Name of Individual	Title	R.Ph. Lic. #	Expires
CASEY STACKWICK	PIC	65480	2/21

Name of Facility	Class of Pharmacy License
ROMAN HEALTH PHARMAC, LLC	A

Address		
805 W. CARRIER PARKWAY, STE 240		
City/State: GRAND PRAIRIE, TX	Zip: 75050	Phone #: 469-300-5200
DEA Registration #: -	Expiration Date: -	
Date: OCTOBER 21, 2020	Time: 9AM	

PURPOSE OF INSPECTION

☐ Routine	☑ Pre-Inspection	☐ Rank Change
☐ New Pharmacy	☐ Change of Ownership	☐ Reverse Rank Change
☐ Complaint	☐ Follow-up to Complaint	☐ Licensee Request
☐ Follow-up to Warning Notice	☐ Follow-up to Theft/Loss Report	☐ Sterile Compounding (High Risk)
☐ Follow-up to Disciplinary Order	☑ Other Distance Inspection	

ACKNOWLEDGEMENT

This is to acknowledge that Texas State Board of Pharmacy Agent ADRIENNE M. BAUER has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I am the PIC for the above-described facility;
2. I have read this Notice of Inspection and understand its contents and purpose;
3. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
4. I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
5. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Signature

Witnesses:

Adrienne M Bauer
Signature

Signature

09/16

Remarks

A distance inspection was completed. Pharmacy passed pre-inspection.

Advised PIC of 291.11-Operation of a Pharmacy and 315.6 -requirements of reporting controlled substance dispensing to TX PMP.

Provided education on TSBP website and recently adopted rules.

Present and identified: PIC Stackwick and Owner's Rep Lafayette

Action Taken

(1) ☐ Inspection
(2) ☑ Pre-Inspection
(3) ☐ Partial Inspection
(4) ☐ Visit
(5) ☐ Other _____

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. ~~Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.~~

[redacted]acy

10/21/2020
Date

10AM
Time of Completion

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Authorized Individual for the Pharmacy

Casey Stackwick PIC
Printed Name and Title of Authorized Individual

nabp SOLUTIONS

June 11, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Phone: 775-850-1440

RE: Roman Health Pharmacy LLC - Texas Facility
(Out-of-State Pharmacy Application)

VIA FEDERAL EXPRESS

To Whom It May Concern,

Please find enclosed a Nevada Out-of-State Pharmacy Application, including all required supporting documentation and payment for the Application fees. Specifically, enclosed please find the following:

- Checks made payable to Nevada State Board of Pharmacy in the amount of $500 for the application fee for the Nevada Out-of-State Pharmacy Application;
- Completed and executed Nevada Out-of-State Pharmacy Application;
- Completed and executed Statement of Responsibility;
- Completed and executed Affidavit for Out-of-State Pharmacy License;
- Certificate of Corporate Status from Delaware;
- List of officers and directors;
- Operating Agreement for Roman Health Pharmacy LLC describing the ownership structure of the applicant;
- Copy of the current resident state pharmacy license;
- Non-Resident Pharmacy License Verification: Texas online verification is enclosed. The Texas Board of Pharmacy considers its online verification "to be a secure, primary source for license verification."; and
- Copy of the most recent state inspection.

Please feel free to contact me with any questions regarding the application at licensing@nabp.solutions or 971-245-2281. Thank you for your attention to this matter.

Sincerely,

Amanda Hoffman

DocuSign Envelope ID: 75430BEE-FCB0-482A-9F9C-990E56277D34

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: Roman Health Pharmacy LLC

Address: 805 W Carrier Parkway, Ste 240

City: Grand Prairie State: TX Zip: 75050

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

Signature of Applicant DocuSigned by: Christina Antoun 4B3792BACEDD47C...

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

DocuSign Envelope ID: 75430BEE-FCB0-482A-9F9C-990E56277D34

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: Roman Health Pharmacy LLC

Nevada license number: _____

Websites in use or intended to be used: romanhealthpharmacy.com

Affiliated websites (websites that link to or otherwise direct users to your website):
getroman.com, hellorory.com, and quitwithzero.com

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

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

DocuSign Envelope ID: 75430BEE-FCB0-482A-9F9C-990E56277D34

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 ☐

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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.

DocuSigned by:
Christine Artoun
4B3792BACEDD47C...

Signature of Owner

7/2/2021

Date

POL-1-R0 The Pharmacy Policies and Procedures Manual

Policy

- The Pharmacy Policies and Procedures Manual is established to accomplish the following at Roman Health Pharmacies:
  - Set minimum standards for safety, quality, and compliance
  - Serve as the principal training material for pharmacists and pharmacy technicians
- Pharmacy policies and procedures are created and revised in accordance with applicable pharmacy laws and regulations and maintained with appropriate document control.
- Management will take disciplinary action, up to and including termination of employment, against employees who violate the Pharmacy Policies and Procedures Manual.
- Employees must never act in any of the following ways:
  - Obstruct audits or investigations
  - Lie or make misleading statements
  - Alter business or pharmacy records to misrepresent information
- Roman Health Pharmacy designates a qualified person who is responsible for coordinating with management to ensure the training and enforcement of each pharmacy policy and procedure.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-1-R0 The Pharmacy Policies and Procedures Manual

SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Roman Health Pharmacy (RHP) offers pharmacy services to patients throughout the United States. Patient safety, legal compliance, and ethical practices are ensured by establishing, maintaining, and adhering to proper policies and procedures that govern pharmacy operations.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training, implementation, maintenance, and enforcement of the Pharmacy Policies and Procedures Manual.
- The Licensing and Compliance Manager and Inventory and Safety Manager are responsible for final approval of pharmacy policies and procedures before they are implemented.
- Pharmacists are responsible for escalating any questions or concerns about pharmacy policies or procedures to the Pharmacy Manager.
- Employees are responsible for escalating any questions or concerns about compliance to their immediate manager, the Pharmacy Manager, or the Compliance Team.

Procedure

Creating And Maintaining Policies And Procedures

1. Pharmacy policies and procedures are written in accordance with applicable pharmacy laws and regulations for all states where RHP operates.
    1.1. Conflicts between laws or regulations will be evaluated by the Ro legal department on a case by case basis to ensure compliance.
2. Compliance with the pharmacy laws and regulations affecting RHP operations is maintained with several components, including but not limited to the following:
    2.1. Maintaining a qualified staff of attorneys with relevant expertise in telemedicine, pharmacy, medicine, and healthcare
    2.2. Consulting with qualified third-party legal services
    2.3. Appointing a qualified Pharmacy Compliance Team whose responsibilities include the following:
        2.3.1. Researching applicable pharmacy best practices, laws, and regulations

2.3.2. Implementing pharmacy policies and procedures to ensure quality, safety, ethics, and compliance standards at RHPs

2.3.3. Aligning RHP operations in accordance with the following:

2.3.3.1. Federal laws and regulations

2.3.3.2. State laws and regulations

2.3.3.3. Regulations and guidelines by the Food and Drug Administration, Boards of Pharmacies, Drug Enforcement Administration, and other applicable entities

2.4. Attending Board of Pharmacy meetings

2.5. Attending professional conferences related to the practice of telemedicine, medicine, pharmacy, and law

3. All pharmacy policies and procedures are reviewed and updated at least once yearly. This review is performed by qualified persons and takes into consideration the effectiveness of policies and procedures in reducing dispensing errors and other quality-related events.

3.1. The review is documented—noting any changes made or a statement that no changes were made—in the Policy and Procedure Review Schedule and History, located in the appendix.

Excursions From The Written Policies And Procedures

4. The pharmacist on duty is responsible for determining a plan of action for cases when written pharmacy policies and procedures are absent or cannot be followed due to unique circumstances. In these situations, the pharmacist must take the following steps:

4.1. Use professional judgement

4.2. Communicate the excursion to the Pharmacy Compliance Team in a timely manner

Documentation And Compliance

5. All pharmacy records are stored according to the procedure for Maintaining and Managing Records for a length of time according to the Document Retention Schedule.

6. The Pharmacy Compliance Team helps ensure that operations at RHPs are appropriately followed by taking the following steps:

6.1. Establishing the written Pharmacy Policies and Procedures Manual

6.2. Ensuring timely training, communication, and enforcement of the Pharmacy Policies and Procedures Manual and important revisions

6.3. Maintaining transparency in pharmacy operations

6.4. Conducting risk assessments

6.5. Performing internal audits

6.6. Exercising due diligence in verifying colleagues and prescription medication suppliers

6.7. Responding to detected problems with corrective actions in a timely manner

Limited Operations

7. Unless otherwise performed in accordance with applicable pharmacy laws and regulations, and in compliance with the Pharmacy Policies and Procedures Manual, the following business activities are restricted and must be immediately reported to the Pharmacy Compliance Team if discovered:

   7.1. Purchasing, storing, selling, or handling:

      7.1.1. Federal or state listed or scheduled controlled substances

      7.1.2. Biological products

      7.1.3. Prescription medication under a FDA mandated Risk Evaluation and Mitigation Strategy (REMS) program

   7.2. Purchasing, storing, selling, or handling List I Chemicals or precursors to List I Chemicals (e.g. iodine, ephedrine, pseudoephedrine, and red phosphorus). List I Chemicals are designated by the Drug Enforcement Agency, and a complete and updated list is maintained at its website: https://www.deadiversion.usdoj.gov/schedules/index.html

   7.3. Purchasing, storing, selling, or handling prescription medication that does not comply with the Food, Drug, and Cosmetic Act (FDCA)

   7.4. Dispensing prescription medication that was previously dispensed from a pharmacy

   7.5. Participating in federal or state Medicare or Medicaid programs

   7.6. Engaging in wholesale distribution of prescription medication

   7.7. Engaging in sterile compounding

   7.8. Dispensing for office-use

National Association Of Boards Of Pharmacy Reporting

8. The Licensing and Compliance Manager is responsible for providing the National Association of Boards of Pharmacy (NABP) with updated information about each RHP, according to the procedure for Reporting to the National Association of Boards of Pharmacy.

Appendix Resources

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

Pharmacy Policies and Procedures Manual Review Schedule and History

Reporting to the National Association of Boards of Pharmacy

Related Procedures

Establishing Policy and Procedure Control and Training

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The proper disposal[1] of prescription medication by patients is ensured by adhering to proper policies and procedures for instructing patients on how to discard products that are unwanted, expired, damaged, or unusable

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Pharmacists-only must counsel patients according to the procedure for Counseling Patients.
2. This procedure is activated when communication from a patient is received for one of the following reasons:
   - 2.1. Requesting information on how to discard prescription medication or over-the-counter (OTC) merchandise.
   - 2.2. Expressing they intend to stop using prescription medication or OTC merchandise in their possession.
   - 2.3. Expressing they have prescription medication or OTC merchandise in their possession that is expired, damaged, or unusable.
3. If for prescription medication, provide the following instructions to the patient:

   Your medicine may be safely discarded by: Using a Drug Take-Back Program. The U.S. Drug Enforcement Administration (DEA) sponsors a National Prescription Drug Take-Back Day in communities nationwide. Many communities also have their own drug take-back programs (check with local law enforcement to find a location).

[1] www.safe.pharmacy

- *Do not flush medication, since Roman Health Pharmacy does not currently dispense any prescription medications that appear on the Food and Drug Administration (FDA) Flush List[2].*

(If the prescription medication cannot be disposed of via a local Drug Take-Back Program[3], and it is not a drug that requires flushing for immediate disposal, provide the following instructions:)

1. *Remove the drug from its original container and mix it with something undesirable, such as used coffee grounds, dirt, laundry detergent, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.*
2. *Put the mixture in something you can close (for example, a resealable zipper storage bag, empty can, or another container) to prevent the drug from leaking or spilling out.*
    2.1. *Place the closed bag, can, or container containing the mixture in the garbage*
3. *Scratch out all your personal information on the medicine packaging to protect your identity and privacy.*
    3.1. *Place the medicine packaging in the garbage*

4. If for OTC merchandise, provide the following instructions to the patient:

   Your medicine may be safely discarded by:

   - *Removing any personal information from the packaging.*
   - *Putting it in a closed bag, can, or another container.*
   - *Placing the bag, can, or container containing the OTC merchandise in the trash.*

5. If for sharps (e.g. needles and syringes), provide the following instructions to the patient:

   Place all needles, syringes, and any other items containing bodily fluid into a Sharps Disposal Container. When full, mail the Sharps Disposal Container to the address listed on the return label.

Appendix Resources

None

Related Procedures

Counseling Patients

Training Pharmacy Employees

[2]https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-flush-potentially-dangerous-medicine#FlushList
[3] https://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

SOP-6.4-R0 Notifying Patients of Delivery Delays

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Timely prescription delivery to patients is ensured by adhering to proper policies and procedures for notifying patients of delivery delays and preventing the interruption of prescription medication therapy.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Ensure the patient is notified of delivery delays in a timely manner by taking the following steps:
    1.1. Contact the patient with their preferred contact method (e.g. email, text, or telephone) and document the interaction.
    1.2. If requested by the patient, transfer the prescription to be filled at a local pharmacy of the patient's choice.
2. The pharmacist on duty must use professional judgement to determine if it is appropriate to contact the prescribing practitioner in the following situations:
    2.1. The patient cannot be reached.
    2.2. An interruption of prescription medication therapy could occur.
    2.3. Patient harm could occur.

Appendix Resources

Document Retention Schedule

Related Procedures

Counseling Patients

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.4-R0 Notifying Patients of Delivery Delays

Approval Signatures

Title:	Name:	Signature:	Date:

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Patient safety is ensured by adhering to proper policies and procedures for verifying that prescriptions are dispensed correctly and appropriately.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.
- Unless otherwise performed in accordance with applicable pharmacy laws and regulations, only pharmacists may perform drug utilization reviews and physical product checks.

Procedure

Drug Utilization Review

1. If applicable, take appropriate action to resolve and document each safety alert.
2. Confirm that each substitution of prescription medication is appropriate, according to the procedure for Substituting Generic and Therapeutic Equivalents.
3. Confirm that the prescription is associated with the correct patient profile, at a minimum checking for the following information:
   - 3.1. Name;
   - 3.2. Date of birth

4. Perform a drug utilization review of the following issues:
   - 4.1. Potential drug therapy problems
   - 4.2. Therapeutic duplication
   - 4.3. Interactions (e.g. drug-drug, drug-allergy, drug-disease, drug-age)
   - 4.4. Contraindications
   - 4.5. Allergies or sensitivities
   - 4.6. Inappropriate dosage or route
   - 4.7. Inappropriate directions for use
   - 4.8. Inappropriate duration of therapy
   - 4.9. Over- or under-utilization
   - 4.10. Abuse or misuse
5. If appropriate, document any concerns.
6. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Physical Product Check

7. Perform a physical product check by determining that the prescription has been prepared so that it is free of the following issues:
   - 7.1. Errors of drug, strength, or quantity
   - 7.2. Errors in labeling (e.g. national drug code (NDC), manufacturer information, consumer medication information (CMI), medication guide, or auxiliary labels);
   - 7.3. Prescription medication that is expired, damaged, or otherwise unfit for dispensing;
   - 7.4. Adulteration;
   - 7.5. Misbranding
8. If appropriate, document any concerns.
9. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Appendix Resources

None

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Substituting Generic and Therapeutic Equivalents

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.5-R0 Performing Verification and Drug Utilization Review

SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

Approval Signatures

Title:	Name:	Signature:	Date:

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The fulfillment of illegitimate prescriptions is prevented by adhering to proper policies and procedures for recognizing illegitimate prescriptions and invalid patient-practitioner relationships.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. When receiving an oral prescription, pay attention to the following red flags or suspicious behavior from the caller:
    1.1. Sounds unprofessional, hesitant, or nervous
    1.2. Does not use standard medical terminology
    1.3. Provides medication quantities, directions, or other information that are unusual
    1.4. Provides pharmacy or practitioner information, such as National Provider Identifier (NPI) or Drug Enforcement Administration (DEA) number, that is invalid or incorrect
2. When processing a prescription, look for signs that indicate it may be illegitimate or forged:
    2.1. The practitioner's handwriting is too legible.
    2.2. The quantities, directions, or dosages differ from usual medical usage.
    2.3. The prescription appears to be photocopied.

2.4. Looks too good, or has a textbook appearance.

2.5. The prescription is written in the following manner:

2.5.1. With the directions in full, without abbreviations

2.5.2. With abbreviations that are not standard

2.5.3. In different color inks

2.5.4. In different handwriting styles

3. When processing a prescription, look for signs that indicate it may be issued based on an invalid patient-practitioner relationship:

3.1. The practitioner writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.

3.2. The patient appears to be returning too frequently. A prescription that should have lasted for a month in legitimate use, is being refilled on a biweekly, weekly or even a daily basis.

3.3. The practitioner writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time (drug abusers often request prescriptions for "uppers and downers" at the same time).

3.4. The patient appears presenting prescriptions written in the names of other people.

3.5. A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.

3.6. Numerous "strangers," people who are not regular patrons or residents of your community, suddenly show up with prescriptions from the same physician.

4. If a prescription is suspected of being illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions, if applicable:

4.1. Verify that the practitioner is in the pharmacy's database, and if not take the following steps:

4.1.1. Verify the practitioner's information with the NPI lookup tool, located on the National Plan & Provider Enumeration System (NPPES) website:

https://nppes.cms.hhs.gov/

Please Note: Issuance of an NPI does not ensure or validate that the practitioner is appropriately licensed or credentialed.

4.1.2. Confirm the DEA number is authentic, following the procedure described in the DEA Pharmacist's Manual, located in the appendix.

4.1.3. Verify the practitioner's information with the DEA Registration Validation tool, located on the DEA website:

https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp

Please Note: The lookup tool is only available to DEA registrants.

4.2. Contact the practitioner by telephone using the contact number from the pharmacy's database or another reputable resource, other than from the prescription in question, and obtain the necessary information.

4.3. Verify the practitioner's license(s) and credential(s) with the appropriate agency (for example, the Board of Medicine).

5. If a prescription is confirmed to be illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions:

5.1. Notify the pharmacist-on-duty.

5.2. Notify the Pharmacy Compliance Team (see the List of Important Contacts, located in the appendix).

5.3. Notify local law enforcement (see the List of Local Authorities, located in the appendix).

5.4. Retain all illegitimate or fraudulent prescriptions as evidence and, if requested, release it to the appropriate law enforcement officials.

5.5. If applicable, notify the following entities:

5.5.1. The local DEA office (see the List of Local Authorities, located in the appendix)

5.5.2. The appropriate Board of Pharmacy(s) (see the List of Board of Pharmacy Contacts, located in the appendix)

5.5.3. Other pharmacies in the area

6. Appropriately document any investigations, findings, and actions.

Appendix Resources

DEA Pharmacist's Manual

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

List of Local Authorities

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

POL-8-R0 Quality

Policy

- Roman Health Pharmacy designates a qualified person who is responsible for implementing a continuous quality improvement program that accomplishes the following:
    - Detects and appropriately resolves quality-related events
    - Modifies systems and processes to prevent quality-related events
- The Pharmacy Manager must ensure that a quality improvement meeting with pharmacists and pharmacy technicians occurs regularly and is appropriately documented. The meeting will cover, at a minimum, the following topics:
    - Quality-related events that occurred since the previous quality improvement meeting and any other applicable quality-related issues or topics
    - Corrective actions, if any
- Adverse events, side effects, and quality-related events reported to a Roman Health Pharmacy must be escalated to the appropriate pharmacist for resolution.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-8-R0 Quality

POL-10-R0 Fulfillment

Policy

Prescriptions

- Each pharmacist must sign and date the daily log, attesting to the accuracy of the prescription information they processed for that date.
- Prescriptions must only be shipped into the states where the shipping pharmacy is appropriately permitted, registered, or licensed.
- Labels must be affixed to each prescription container and must include appropriate content that is properly formatted, in accordance with applicable pharmacy laws and regulations.

Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

- Pharmacists are responsible for recognizing and taking appropriate action for illegitimate prescriptions or invalid patient-practitioner relationships.

Delivery Delays

- Patients must be notified in a timely manner when prescription delivery is delayed.
    - Appropriate fulfillment arrangements must be made available to the patient, including the transfer of the prescription to a pharmacy of the patient's choice.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-10-R0 Fulfillment

4NN

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: Walgreens Central Fill #21372

Physical Address: 120 N. 83rd Ave., Suite B, Tolleson, AZ 85353

Mailing Address: P.O Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: (602) 308-3900 Fax: (602) 308-3990

Toll Free Number: 877-812-6697 (Required per NAC 639.708)

E-mail: licenseadministration@walgreens.com Website: www.walgreens.com

Managing Pharmacist: Bonsamo Tegeno License Number: S024545

20967 Temp.

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

douglas mcclure 20962 Temp

matthew young 20963 Temp

Posted April 1, 2020

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.

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

Susan Halliday
Print Name of Authorized Person

5-11-21
Date

Board Use Only Date Processed:_____ Amount: 500
Check #NT30-00118465 77

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: Walgreens.com, Inc.

Mailing Address: P.O. Box 901

City: Deerfield State: IL Zip: 60015

Telephone: 847-527-4768 Fax: _____

Contact Person: Karina Lipnickas

For any corporation non publicly traded, disclose the following:

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

a) Walgreens.com, Inc. is a wholly owned subsidiary of Walgreen Co. 200 Wilmot Rd., Deerfield, IL 60015
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

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

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

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

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:00 am 12:00 am Saturday 7:00 am 12:00 am am

Sunday 7:00 am 12:00 am n 24 Hours _____

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

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

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

List of officers and directors

Please see attached corporate rider

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Susan Halliday, Assistant Treasurer

Responsible Person of Walgreens.com, 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.

Susan Halliday

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

Susan Halliday, Assistant Treasurer
Print Name of Authorized Person

5-11-21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Lake COUNTY)

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

1. I am the Assistant Treasurer for Walgreens.com, 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, Susan Halliday, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Susan Halliday
Name

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

NOTARY PUBLIC

OFFICIAL SEAL
DILYAN TSANEV
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 10/01/2024

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Matthew G. Young

Date: 08/17/2021
Amount:
License #: 20963

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/17/2022

Matthew G. Young

License #
20963
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 20963

Expires: 02/17/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Matthew G. Young

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Douglas A. McClure

Date: 08/17/2021
Amount:
License #: 20962

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/17/2022

Douglas A. McClure

License #
20962
Temporary

IDENTIFICATION ONLY
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Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 20962

Expires: 02/17/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Douglas A. McClure

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Maximilian L. Bini

Date: 08/25/2021
Amount:
License #: 21022

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/25/2022

Maximilian L. Bini

License #
21022
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 02/25/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Maximilian L. Bini

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Amy Le

Date: 08/25/2021
Amount:
License #: 21023

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/25/2022

Amy Le

License #
21023
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21023

Expires: 02/25/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Amy Le

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

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: 10/23/2020
Receipt Number: 202098137
Receipt Amount $: 480.00

Pharmacy - Chain

PERMIT NO	EXPIRES
Y008558	10/31/2022

Issued to :

WALGREENS CENTRAL FILL #21372
Walgreens.com, Inc.
P.O. BOX 901
DEERFIELD, IL 60015

WALGREENS CENTRAL FILL #21372
120 N. 83RD AVE. SUITE B
TOLLESON, AZ 85353

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Walgreens.com, Inc.
LICENSE NUMBER : Y008558
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.

Walgreen Co. ("Walgreens") has operated retail drug stores since 1901. Walgreens and its wholly owned subsidiaries currently own and operate over 9,200 stores in the United States and Puerto Rico.

In the normal course of its business operations, Walgreens' pharmacies are periodically subject to inspection and, on occasion, administrative action by state agencies that regulate the practice of pharmacy. Typically, the pharmacy is given an opportunity to correct the deficiency within a specified period of time and, if it does so, the matter is closed without disciplinary or adverse licensure action. In the course of the last reporting period, one or more pharmacies owned directly or indirectly by Walgreen Co. have been disciplined and/or required as part of a corrective action plan, to pay an administrative fine to a state regulatory agency. We can confirm, however, that none of the pharmacies subject to these actions had their retail pharmacy license in any way suspended, restricted, or denied as a result.

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 03/18/2021 for WALGREENS CENTRAL FILL

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : Y008558	AZ Permit Exp.Date : 10/31/2022	Business Name : WALGREENS CENTRAL FILL #21372
Address : 120 N. 83rd Ave.		
Zip : 85353	City : Tolleson	State : AZ
Phone : (847) 527-4768	Email : licenseadministration@walgreens.com	Inspection Date : 03/18/2021
PIC : Kenneth J. Morris	Pic License Exp Date : 2022-10-31T00:00:00	DEA # : pending
Inspection Reviewed With : Shauna Peterson	Inspection type : Opening	
Inspection Conducted By : Karol Hess , Steve Haiber		

ACTIVITIES

1	Nonsterile Compounding	○YES ◉NO
2	Nonsterile Hazardous Compounding	○YES ◉NO
3	Sterile Compounding	○YES ◉NO
4	Sterile Hazardous Compounding	○YES ◉NO

Hospital Facility Data

# Licensed Beds	DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel 67,585 sq ft/1123	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
2	Shelves	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Design-efficient, safe pharmacy practice	◉S ○C/P ○U ○N/A R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Counter	◉S ○C/P ○U ○N/A R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles	◉S ○C/P ○U ○N/A R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area Central fill	○S ○C/P ○U ◉N/A R4-23-609(D)
7	Enclosed (barrier)	◉S ○C/P ○U ○N/A R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors Badge entry (key entry RPH only)	◉S ○C/P ○U ○N/A R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	◉S ○C/P ○U ○N/A R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	◉S ○C/P ○U ○N/A R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	○S ○C/P ○U ◉N/A R4-23-609(H)
12	Receiving/checking area	◉S ○C/P ○U ○N/A R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	○S ○C/P ○U ◉N/A R4-23-610(F)
14	Walls	◉S ○C/P ○U ○N/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	◉S ○C/P ○U ○N/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows	◉S ○C/P ○U ○N/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors	◉S ○C/P ○U ○N/A R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom	◉S ○C/P ○U ○N/A R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	Sink (hot and cold running water)	◉S ○C/P ○U ○N/A R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

20	Nonsterile compounding area	OS OC/P OU ◉N/A R4-23-410(E)

SECURITY

1	Controlled substances No controls to begin-see notes section	OS OC/P OU ◉N/A R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Pharmacist access	◉S OC/P OU ON/A R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Additional pharmacy drug storage areas	OS OC/P OU ◉N/A R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Filled Rx medication storage no will call- shipment to stores, staging area, no access after pharmacy hours	OS OC/P OU ◉N/A R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
5	Remote drug storage (hospitals)	OS OC/P OU ◉N/A R4-23-654(D); R4-23-672(C)

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference Clinical pharmacology, facts & comparisons all online	◉S OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Therapeutics reference	◉S OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Drug compatibility reference	◉S OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Drug product equivalency reference	◉S OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Sterile products reference	OS OC/P OU ◉N/A R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)
6	Policy and procedure manual-pharmacy operations	◉S OC/P OU ON/A R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)
7	Policy and procedure manual-technicians	◉S OC/P OU ON/A R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)
8	Policy and procedure manual-automation	◉S OC/P OU ON/A R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

9	Policy and procedure manual-compounding R4-23-410; R4-23-670	OS OC/P OU ◉N/A
10	Arizona statutes/rules R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
11	Current antidote/drug interaction information R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
12	Poison Control # displayed R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) Provided	◉S OC/P OU ON/A

PHARMACY EQUIPMENT/FORMS

1	Refrigerator R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
2	Freezer R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S OC/P OU ON/A
3	Computer-security/data storage R4-23-408 symphony	◉S OC/P OU ON/A
4	Computer-patient profiles R4-23-408(B)(3) central fill-shared services-no profile access	OS OC/P OU ◉N/A
5	Computer-single drug usage report R4-23-408(B)(4) Unknown at this time-no controls at this time	OS OC/P OU ◉N/A
6	Computer-pharmacist log book/hard copy print out R4-23-408(C)(4)	◉S OC/P OU ON/A
7	Prescription label ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)	◉S OC/P OU ON/A
8	Federal transfer labels R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)	◉S OC/P OU ON/A
9	Warning labels R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)	◉S OC/P OU ON/A
10	Written patient information R4-23-402(C)(4); R4-23-402(I)	◉S OC/P OU ON/A

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

11	Consultation log	OS OC/P OU ◉N/A R4-23-402(G)
12	Federal medication guides	◉S OC/P OU ON/A 21 CFR part 208
13	Hospital IV label	OS OC/P OU ◉N/A R4-23-658
14	Generic Rx blanks	OS OC/P OU ◉N/A R4-23-402(A); R4-23-407(D)
15	Immunization administration recordkeeping	OS OC/P OU ◉N/A R4-23-411(F)
16	Schedule V register	OS OC/P OU ◉N/A R4-23-612(A)(2)
17	Methamphetamine precursor sales log	OS OC/P OU ◉N/A ARS 32-1977
18	Red C stamp	OS OC/P OU ◉N/A R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting	OS OC/P OU ◉N/A R4-23-502
20	Graduates	◉S OC/P OU ON/A R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	◉S OC/P OU ON/A R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	◉S OC/P OU ON/A R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	◉S OC/P OU ON/A R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	OS OC/P OU ◉N/A R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance	OS OC/P OU ◉N/A R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile	OS OC/P OU ◉N/A R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	OS OC/P OU ◉N/A R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	OS OC/P OU ◉N/A R4-23-614(A)(B)(1)(3); R4-23-654(D)

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29	Mechanical storage and counting device Need to implement labels for canisters identifying drug name and strength within canister. system tracks amount of time taken between scan of stock b ottles	OS ◉C/P OU ON/A R4-23-615
30	Mechanical counting device eyecon for hand counts	◉S OC/P OU ON/A R4-23-616
31	Emergency drug supply units (LTC)	OS OC/P OU ◉N/A R4-23-701.02
32	Automated emergency drug supply units (LTC)	OS OC/P OU ◉N/A R4-23-701.02(E)
33	Automated dispensing system (LTC)	OS OC/P OU ◉N/A R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size	OS OC/P OU ◉N/A R4-23-670(A)
2	Dedicated to compounding sterile products	OS OC/P OU ◉N/A R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	OS OC/P OU ◉N/A R4-23-670(A)(2)
4	Restricts entry/access	OS OC/P OU ◉N/A R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	OS OC/P OU ◉N/A R4-23-670(A)(4)
6	Nonporous and cleanable floor	OS OC/P OU ◉N/A R4-23-670(A)(5)
7	Nonporous and cleanable walls	OS OC/P OU ◉N/A R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	OS OC/P OU ◉N/A R4-23-670(A)(5)
9	Environment ISO 7	OS OC/P OU ◉N/A R4-23-670(A)(6)
10	Hood ISO 5	OS OC/P OU ◉N/A R4-23-670(B)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 03/18/2021 for WALGREENS CENTRAL FILL

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

11	Prep area ISO 7/ISO 8	OS OC/P OU ◉N/A R4-23-110; R4-23-670(E)(F)

NOTES

Pharmacy to open approx 4/27/21-
Permit to be opened-no drugs to be ordered until secondary inspection performed when construction complete
Per management-zero tolerance policy in place on proper stock bottle scanning technique for mechanical storage and counting device
No controls to be stocked - pharmacy to obtain red caps when opioids are stocked
Pharmacy to notify CO Hess with DEA number when obtained and controls to be stocked
Hours ~7am-11:30PM
Pharmacy plans to provide service to remote pharmacy locations
Security includes multiple cameras, motion detection system, alarms
CII cage - cameras, badge entry
P&P in development (all planned areas of operation upon opening currently complete)

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 :	WALGREENS CENTRAL FILL #21372
Address :	120 N. 83rd Ave. Suite B Tolleson AZ 85353
License No :	Y008558
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	03/18/2021
Expiration Date :	10/31/2022
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 05/07/2021

JT 1334

COPYRIGHT, 1930, BY
DWIGHT & M. H. JACKSON
CHICAGO
PATENT PENDING

NUMBER

SHARES 1,000

ORGANIZED UNDER THE LAWS OF THE STATE OF ILLINOIS

WALGREENS.COM

This Certifies That WALGREEN CO., an Illinois Corporation is the owner of

1000 full paid and non-assessable

COMMON SHARES No PAR VALUE OF Walgreens.com

transferable on the books of the Corporation in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof the said Corporation has caused this Certificate to be signed by its duly authorized officers and sealed with the Seal of the Corporation,

this 11th day of May A.D. 1999

SECRETARY

PRESIDENT

No. 514

DWIGHT & M. H. JACKSON
205 W. RANDOLPH STREET

DAY OF

INCORPORATION
ILLINOIS

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW0139433	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CENTRAL FILL PHARMACY	04-08-2021

WALGREENS.COM, INC
WALGREENS CENTRAL FILL #21372
120 N 83RD AVE
STE B
TOLLESON, AZ 85353

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (9/2016)

WALGREENS.COM, INC.

OFFICERS AND DIRECTORS

TITLE	NAME	CORPORATE ADDRESS
President & Director	Lisa Badgley	108 Wilmot Road Deerfield, IL 60015-4614
Vice President	John Saylor	108 Wilmot Road Deerfield, IL 60015-4614
Treasurer & Director	Todd Heckman	108 Wilmot Road Deerfield, IL 60015
Secretary	Joseph Amsbary, Jr.	108 Wilmot Road Deerfield, IL 60015
Assistant Treasurer	Susan Halliday	108 Wilmot Road Deerfield, IL 60015
Director	Alexander W. Gourlay	108 Wilmot Road Deerfield, IL 60015

Walgreen Co.
Corporate Offices
300 Wilmot Rd. MS#3215
Deerfield, IL 60015
www.walgreens.com

May 11, 2021

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

Re: Application for Non-Resident Pharmacy Permit

Dear Sir or Madam:

Enclosed please find new application for Non-Resident Pharmacy Permit for Walgreens Central Fill #21372 located in Tolleson, AZ. Please mail the new license to my attention at the mailing address on the application. If you have any questions, please feel free to call me at 847-527-4768 or e-mail me at karina.lipnickas@walgreens.com.

Sincerely,

Karina Lipnickas
License Specialist

Enclosure

Walgreens

Walgreen Co.
Corporate Offices
300 Wilmot Rd. MS#3215
Deerfield, IL 60015
www.walgreens.com

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Sincerely,

Karina Lipnickas
License Specialist

Enclosure

400

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: KZMed LLC dba Medsync Pharmacy

Physical Address: 301 S. Vista Ave

Mailing Address: 301 S. Vista Ave

City: Boise State: ID Zip Code: 83705

Telephone: 208-364-7777 Fax: 208-364-7778

Toll Free Number: 855-460-3200 (Required per NAC 639.708)

E-mail: Medsyncrx@gmail.com Website: Medsyncrx.com

Managing Pharmacist: Kim Luethiner (Kimberly) License Number: NV 15749

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

JOSHUA GEHRKE
Print Name of Authorized Person

07-16-2021
Date

Board Use Only Date Processed:_____ Amount: $500 check # 6644626

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General X Limited ____

Partnership Name: K2RED, L.L.C.

Mailing Address: 526 Shoup Ave W. Ste K

City: Twin Falls State: ID Zip Code: 83301

Telephone Number: 208-734-7373 Fax Number: 208-734-7389

Contact Person: Dan Fuchs

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
Dan Fuchs	G	33.333
Kenneth Fuchs	G	33.333
Douglas Fuchs	G	33.333

List names of 4 largest partners and percentage of ownership:

Name: Dan Fuchs %: 33.333

Name: Kenneth Fuchs %: 33.333

Name: Douglas Fuchs %: 33.333

Name: ____ %: ____

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: ____ %: ____

Name: ____ %: ____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 6:30 pm Saturday N/A am N/A pm

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

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

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: N/A -

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: _____

Transmitting Controlled Substance Prescription Data

Pursuant to NAC 639.926, pharmacies and dispensing practitioners that dispense controlled substances listed in schedule II, III or IV are required to submit data to the Board each week; however, we highly encourage dispensers to submit data on a nightly basis when possible. If a dispenser has not dispensed any controlled substances for the required time period, the dispenser is required to submit a zero reporting transmission.

The Nevada State Board of Pharmacy contracts with Appriss to manage the data collection for the Nevada Prescription Monitoring Program (PMP). For information to register and submit data please visit: http://bop.nv.gov. Click Links, click Prescription Monitoring Program, click Dispenser Guide.

If you have any questions or need additional information, please email: pmp@pharmacy.nv.gov

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

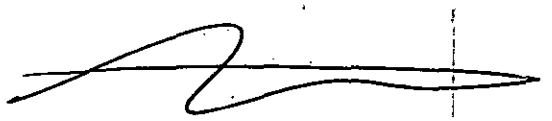
I, Joshua William Gehrke (PIC)

Responsible Person of K2RED, LLC dba Medsync 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

Joshua W. Gehrke, PIC — Print Name of Authorized Person

7/16/2021 — Date

STATE OF IDAHO

Lawerence Denney | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

July 16, 2021

Request Type: Certificate of Existence/Filing
Request #: 0004351442
Receipt #: 000518978

Issuance Date: 07/16/2021
Copies Requested: 0

Regarding: **K2RED, L.L.C.**
Filing Type: Limited Liability Company (D)
Formation/Qualification Date: 02/01/1994
Status: Active-Existing
Duration Term: Perpetual

File # : 1242
Formation Locale: IDAHO
Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

K2RED, L.L.C.

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney
Idaho Secretary of State

Processed By: Business Division

Verification #: 013476629

B0579-7906 02/03/2021 1:07 PM Received by ID Secretary of State Lawerence Denney

0004154758

STATE OF IDAHO
Office of the secretary of state, Lawerence Denney
ANNUAL REPORT
Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: $0.00

For Office Use Only
-FILED-
File #: 0004154758
Date Filed: 2/3/2021 1:07:52 PM

Entity Name and Mailing Address:

Entity Name:	K2RED, L.L.C.
The file number of this entity on the records of the Idaho Secretary of State is:	0000001242
Address	526 SHOUP AVE W STE K TWIN FALLS, ID 83301-5050

Entity Details:

Entity Status	Active-Existing
This entity is organized under the laws of:	IDAHO
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:	W194

The registered agent on record is:

Registered Agent	DANIEL FUCHS Registered Agent Physical Address 526 SHOUP AVE W STE K TWIN FALLS, ID 83301 Mailing Address

Limited Liability Company Managers and Members

Name	Title	Business Address
+ Daniel Fuchs	Member	3072 HEATHERWOOD RD TWIN FALLS, ID 83301
+ Kenneth Fuchs	Member	3989 N 3540 E KIMBERLY, ID 83341
+ Douglas Fuchs	Member	3239 FALLS AVE E TWIN FALLS, ID 83301

The annual report must be signed by an authorized signer of the entity.
Job Title: Member

Daniel S Fuchs — Sign Here
02/03/2021 — Date

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: Medsync Pharmacy

Address: 801 S Vista Ave

City: Boise State: ID Zip: 83705

I hereby authorize the Idaho 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
38640RP	Active	05/14/2015	12/31/2021

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

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

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

Signature of State Official	Title	State	Date	State Seal
[signature]	Licensing Specialist	ID	07/15/2021	IDAHO STATE BOARD OF PHARMACY

IDAHO STATE BOARD OF PHARMACY
P.O. Box 83720 Boise, Idaho 83720-0067
Telephone: (208) 334-2356 FAX: (208) 334-3536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho State Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

MEDSYNC PHARMACY

Community Pharmacy Registration
Registration No: 38640RP

Aseptic Environmental Control Devices
Automated Dispensing & Storage System(s)/(ADS)

ISSUED: 05/14/2015 EXPIRES: 12/31/2021

The official status and business address of this license must be verified at Idaho Board of Pharmacy License Verification.
http://bop.idaho.gov

Physical Address:
801 S VISTA AVE
Boise, ID 83705

593493
Printed: 10/22/2020

Nicki Chopski

NICKI CHOPSKI PHARMD
EXECUTIVE DIRECTOR

Licensee Details

This is a primary source verification website offered by the Idaho State Board of Pharmacy.

Demographic Information

Facility Name: MEDSYNC PHARMACY

Ownership Type: Incorporated

Physical Address

Street Address: 801 S VISTA AVE

Fax: 2083647778

Phone: 2083647777

City: Boise

Zip: 83705

State: ID

County: Ada

Country: United States

License Information

DBA:

Lic #: 38640RP **Type:** Community Pharmacy

Status: Active **Orig. Issued Date:** 5/14/2015 **Expiry:** 12/31/2021 **Effective:** 5/14/2015

Status Reason: **Status Date:** 7/1/2018 **Renewed:** 10/22/2020

Method: Application

Inspection Information

Inspection Type:	Annual	Inspection Date:	8/9/2018	Inspection Grade:	
Status:	completed - reviewed	File Number:			
Inspection Type:	Annual	Inspection Date:	11/27/2019	Inspection Grade:	Completed
Status:	completed - reviewed	File Number:			
Inspection Type:	Annual	Inspection Date:	1/28/2021	Inspection Grade:	Completed
Status:	completed - reviewed	File Number:			

Disciplinary Action

Disciplinary Action is indicated above in red, if the section is BLANK no action exists for this record.

Board Orders

Doing Business As

No Aliases

Aliases

No Aliases

1457

IDAHO STATE BOARD OF PHARMACY
P.O. Box 83720 Boise, Idaho 83720-0067
Telephone: (208) 334-2356 FAX: (208) 334-3536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho State Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

JOSHUA WILLIAM GEHRKE

Pharmacist License
License No: P6289

Issued: 07/07/2009 Expires: 08/31/2021

The official status and business address of this license must be verified at Idaho Board of Pharmacy License Verification.
http://bop.idaho.gov

728579
Printed: 7/29/2020

NICKI CHOPSKI PHARMD
EXECUTIVE DIRECTOR

POCKET CARD
DETACH AND CARRY WITH YOU

IDAHO STATE BOARD OF PHARMACY

JOSHUA WILLIAM GEHRKE
Pharmacist License
P6289
Expires: 08/31/2021

The official status and business address of this license must be verified at Idaho Board of Pharmacy License Verification.
http://bop.idaho.gov

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Idaho)
) ss.
Ada COUNTY)

I, Joshua W. Gehrke, 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 Medsync 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, Joshua W. Gehrke do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Joshua Gehrke
Name

Chelsea Fuchs
LICENSE NO. 20192098
NOTARY PUBLIC
EXPIRES 10/07/2025
STATE OF IDAHO

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

NOTARY PUBLIC

IDAHO

IDAHO STATE BOARD OF PHARMACY
1199 SHORELINE LN, SUITE 303
BOISE, ID 83702
PHONE: 208-334-2356
FAX: 208-334-3536

FACILITY
MEDSYNC PHARMACY
801 S VISTA AVE
Ryan Fuchs
Boise, ID 83705
2083647777

LICENSE
License No: 38640RP
License Type: Community Pharmacy

Inspection Type:	Annual	**Inspection Date:**	1/28/2021
Result:	Completed		

Notes:
Remarks: need to remove Robin V. and add Ruby Reed and Jennifer Sobieski. Hazardous Waste managed by Stericycle. 9/16/20 hood cerification by Hood Guys.

Checklist Results

24.36.01.103 BOARD INSPECTIONS

Question	Answer
24.36.01.103.01. Records Subject to Board Inspection. Records created, maintained, or retained by Board licensees or registrants in compliance with statutes or rules enforced by the Board must be made available for inspection upon request by Board inspectors or authorized agents. It is unlawful to refuse to permit or to obstruct a Board inspection. (7-1-18)	True
24.36.01.103.02. Inspections. Prior to the commencement of business, as applicable, and thereafter at regular intervals, registrants and licensees must permit the Board or its compliance officers to enter and inspect the premises and to audit the records of each drug outlet for compliance with laws enforced by or under the Board's jurisdiction. (7-1-18)	True

24.36.01.300 DRUG OUTLETS: MINIMUM FACILITY STAND

Question	Answer
24.36.01.300.01. Security and Privacy. A drug outlet must be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition or use. All protected health information must be stored and maintained in accordance with HIPAA. (7-1-18)	Compliant
24.36.01.300.02. Controlled Substance Storage. Drug outlets that dispense prescription drugs must store controlled substances in accordance with federal law. (7-1-18)	Compliant
24.36.01.300.03. Authorized Access to the Restricted Drug Storage Area. Access to the restricted drug storage area must be limited to authorized personnel. (7-1-18)	Compliant
24.36.01.300.05. Electronic Recordkeeping System. A drug outlet that dispenses more than twenty (20) prescriptions per day must use an electronic recordkeeping system to establish and store patient medication records and prescription drug order, refill, transfer information, and other information necessary to provide safe and appropriate patient care. The electronic recordkeeping system must have audit trail functionality that documents for each prescription drug order the identity of each individual involved at each step of its processing, filling, and dispensing or, alternatively, the identity of the pharmacist or prescriber responsible for the accuracy of these processes. (7-1-18)	Compliant
24.36.01.104.10. Substandard, Misbranded, Adulterated, or Expired Products. Manufacturing, compounding, delivering, distributing, dispensing, or permitting to be manufactured, compounded, delivered, distributed or dispensed substandard, misbranded, or adulterated drugs or preparations or those made using secret formulas. Failing to remove expired drugs from stock.	Compliant
24.36.01.501.02. Individual Information Changes. Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board within ten (10) days of the change.	Non Compliant

24.36.01.301 MINIMUM PRESCRIPTION FILLING REQUIRE

Question	Answer
24.36.01.301.01. Valid Prescription Drug Order. Prescription drugs must only be dispensed pursuant to a valid prescription drug order as set forth in Subchapter D of these rules. (7-1-18)	Compliant
24.36.01.301.03. Labeling. Each drug must bear a complete and accurate label as set forth in these rules. (7-1-18)	Compliant
24.36.01.301.04. Verification of Dispensing Accuracy. Verification of dispensing accuracy must be performed to compare the drug stock selected to the drug prescribed. If not performed by a pharmacist or prescriber, and electronic verification system must be used that confirms the drug stock selected to fill the prescription is the same as indicated on the prescription label. A compounded drug may only be verified by a pharmacist or prescriber. (6-30-19)T	Compliant

24.36.01.408 DESTRUCTION OR RETURN OF DRUGS OR DE

which a pharmacy dispenses no more than a seventy-two (72) hour supply for a drug order. (6-30-19)T 03. Donation. Those that qualify for return under the provisions of the Idaho Legend Drug Donation Act as specified in Section 54-1762, Idaho Code. (7-1-18)	

24.36.01.500 RECORDKEEPING, MAINTENANCE AND INVEN...

Question	Answer
24.36.01.500.01. Records Maintenance and Retention Requirement. Unless an alternative standard is stated for a specified record type, form, or format, records required to evidence compliance with statutes or rules enforced by the Board must be maintained and retained in a readily retrievable form and location for at least three (3) years from the date of the transaction. (7-1-18)	Compliant
24.36.01.500.02. Prescription Retention. A prescription drug order must be retained in a readily retrievable manner by each drug outlet and maintained in accordance with federal law. (7-1-18)	Compliant
24.36.01.500.03. Inventory Records. Each drug outlet must maintain a current, complete and accurate record of each controlled substance manufactured, imported, received, ordered, sold, delivered, exported, dispensed or otherwise disposed of by the registrant. Drug outlets must maintain inventories and records in accordance with federal law. An annual inventory must be conducted at each registered location no later than seven (7) days after the date of the most recent inventory in a form and manner that satisfies the inventory requirements of federal law. Drugs stored outside a drug outlet in accordance with these rules must be regularly inventoried and inspected to ensure that they are properly stored, secured, and accounted for. Additional inventories are necessary when required by federal law. (7-1-18)	Non Compliant
Date of Inventory Completed	8/8/20
Open or Closed	close of business
Name of Pharmacist	Ryan Fuchs
24.36.01.303 DRUGS STORED OUTSIDE OF A DRUG OUTLET FOR RETRIEVAL BY A LICENSED HEALTH PROFESSIONAL. Drugs may be stored in an alternative designated area outside the drug outlet, including, but not limited to, floor stock, in an emergency cabinet, in an emergency kit, or as emergency outpatient drug delivery from an emergency room at a registered institutional facility, provided the following conditions are met: (7-1-18) 03. Controlled Substances. Controlled substances may only be stored in an alternative designated area as permitted by, and in accordance with, federal law. (7-1-18)	Not Applicable
37-3303A PSE Electronic Tracking System in use	Compliant

24.36.01.700 COMPOUNDING DRUG PREPARATIONS

Question	Answer
24.36.01.700. COMPOUNDING DRUG PREPARATIONS. Any compounding that is not permitted herein is considered manufacturing. (7/1/2018)	Compliant
24.36.01.700.02.c. Equipment. Equipment and utensils must be of suitable design and composition and cleaned, sanitized, or sterilized as appropriate prior to use. (7-1-18)	Compliant
24.36.01.700.02.d. Disposal of Compromised Drugs. When the correct identity, purity, strength, and sterility of ingredients and components cannot be confirmed (in cases of, for example, unlabeled syringes, opened ampoules, punctured stoppers of vials and bags, and containers of ingredients with incomplete labeling) or when the ingredients and components do not possess the expected appearance, aroma, and texture, they must be removed from stock and isolated for return, reclamation, or destruction. (7-1-18)	Compliant.
24.36.01.700.04.c. Anticipatory Compounding. Limited quantities of a drug product may be compounded or sterile prepackaged prior to receiving a valid prescription drug order based on a history of receiving valid prescription drug orders for the compounded or sterile prepackaged drug product. (7-1-18)	Compliant
24.36.01.700.05. Drug Compounding Controls. (7-1-18) a. Policies and Procedures. In consideration of the applicable provisions of USP Chapter 795 concerning pharmacy compounding of non-sterile preparations, USP Chapter 797 concerning sterile preparations, Chapter 1075 of the USP-NF concerning good compounding practices, and Chapter 1160 of the USP-NF concerning pharmaceutical calculations, policies and procedures for the compounding or sterile prepackaging of drug products must ensure the safety, identity, strength, quality, and purity of the finished product, and must include any of the following that are applicable to the scope of compounding practice being performed: (7-1-18) i. Appropriate packaging, handling, transport, and storage requirements; (7-1-18) ii. Accuracy and precision of calculations, measurements, and weighing; (7-1-18) iii. Determining ingredient identity, quality, and purity; (7-1-18) iv. Labeling accuracy and completeness; (7-1-18) v. Beyond use dating; (7-1-18) vi. Auditing for deficiencies, including routine environmental sampling, quality and accuracy testing, and maintaining inspection and testing records; (7-1-18) vii. Maintaining environmental quality control; and (7-1-18) viii. Safe limits and ranges for strength of ingredients, pH, bacterial endotoxins, and particulate matter. (7-1-18)	Compliant.
24.36.01.700.05.c. Non-Patient Specific Records. Except for drug products that are being compounded or sterile prepackaged for direct administration, a production record of drug products compounded or sterile prepackaged in anticipation of receiving prescription drug orders or distributed in the absence of a patient specific prescription drug order ("office use") solely as permitted in these rules, must be prepared and kept for each drug product prepared, including: (7-1-18) i. Production date; (7-1-18) ii. Beyond use date; (7-1-18) iii. List and quantity of each ingredient; (7-1-18) iv. Internal control or serial number; and (7-1-18) v. Initials or unique identifier of all persons involved in the process or the compounder responsible for the accuracy of these processes. (7-1-18)	Compliant

24.36.01.701 STERILE PREPARATION

Question	Answer
24.36.01.230.08. Sterile Preparation Endorsement. A drug outlet engaged in sterile preparation must obtain a single endorsement for one (1) or more hood or aseptic environmental control devices. (7-1-18)	Not Answered
24.36.01.701.03. Compounder Responsibilities. i. Opened or entered (such as needle-punctured) single-dose containers, such as bags, bottles, syringes, and vials of sterile products and compounded sterile preparations are to be used within one (1) hour if opened in non-sterile conditions, and any remaining contents must be discarded; (7-1-18) ii. Single-dose vials needle-punctured in a sterile environment may be used up to six (6) hours after initial needle puncture; (7-1-18) iii. Opened single-dose ampules may not be stored for any time period; and (7-1-18) iv. Multiple-dose containers (for example, vials) that are formulated for removal of portions on multiple occasions because they contain antimicrobial preservatives, may be used for up to twenty-eight (28) days after initial opening or entering, unless otherwise specified by the manufacturer; (7-1-18)	Not Applicable
24.36.01.701.03.b. Water-containing compounded sterile products that are non-sterile during any phase of the compounding procedure must be sterilized within six (6) hours after completing the preparation in order to minimize the generation of bacterial endotoxins; (7-1-18)	Not Applicable
24.36.01.701.04. Environmental Controls. Except when prepared for immediate administration, the environment for the preparation of sterile preparations in a drug outlet must be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions. (7-1-18) a. Hoods and aseptic environmental control devices must be certified for operational efficiency as often as recommended by the manufacturer or at least every six (6) months or if relocated. (7-1-18)	Not Applicable
24.36.01.701.05. Sterile Preparation Equipment. A drug outlet in which sterile preparations are prepared must be equipped with at	

least the following: (7-1-18) a. Protective apparel including gowns, masks, and sterile (or the ability to sterilize) non-vinyl gloves, unless written documentation can be provided from the aseptic isolator manufacturer that any component of garbing is not necessary; (7-1-18) b. A sink; (4-11-19) c. A refrigerator for proper storage of additives and finished sterile preparations prior to delivery when necessary; and (7-1-18) d. An appropriate laminar airflow hood or other aseptic environmental control device such as a laminar flow biological safety cabinet, or a comparable compounding area when authorized by USP Chapter 797. (4-11-19)	Not Applicable
24.36.01.701.06. Documentation Requirements. The following documentation must also be maintained by a drug outlet in which sterile preparations are prepared: (7-1-18) a. Justification of beyond use dates assigned, pursuant to direct testing or extrapolation from reliable literature sources; (7-1-18) b. Training records, evidencing that personnel are trained on a routine basis and are adequately skilled, educated, and instructed; (7-1-18) d. Temperature, logged daily; (7-1-18) e. Beyond use date and accuracy testing, when appropriate; and (7-1-18) f. Measuring, mixing, sterilizing, and purification equipment inspection, monitoring, cleaning, and maintenance to ensure accuracy and effectiveness for their intended use. (7-1-18)	Not Applicable
24.36.01.701.07. Policies and Procedures. Policies and procedures appropriate to the practice setting must be adopted by a drug outlet preparing sterile pharmaceutical preparations and must include a continuous quality improvement program for monitoring personnel qualifications and training in sterile technique, including: (7-1-18) a. Antiseptic hand cleansing; (7-1-18) b. Disinfection of non-sterile compounding surfaces; (7-1-18) c. Selecting and appropriately donning protective garb; (7-1-18) d. Maintaining or achieving sterility of sterile preparations while maintaining the labeled strength of active ingredients; (7-1-18) e. Manipulating sterile preparations aseptically, including mixing, diluting, purifying, and sterilizing in the proper sequence; (7-1-18) f. Choosing the sterilization method, pursuant to the risk of a contamination of particular compounded sterile preparation; and (7-1-18) g. Inspecting for quality standards before dispensing or distributing. (7-1-18)	Not Applicable

24.36.01.702. HAZARDOUS DRUGS PREPARATION.

Question	Answer
24.36.01.702.01. Ventilation. Ensure the storage and compounding areas have sufficient general exhaust ventilation to dilute and remove any airborne contaminants. (7-1-18)	Compliant
24.36.01.702.02. Ventilated Cabinet. Utilize a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs. (7-1-18)	Compliant
24.36.01.702.05. Protective Equipment and Supplies. Provide and maintain appropriate personal protective equipment and supplies necessary for handling hazardous drugs, spills and disposal. (7-1-18)	Compliant
24.36.01.702.06. Contamination Prevention. Unpack, store, prepackage, and compound hazardous drugs separately from other inventory in a restricted area in a manner to prevent contamination and personnel exposure until hazardous drugs exist in their final unit-of-use packaging. (7-1-18)	Compliant
24.36.01.702.07. Compliance With Laws. Comply with applicable local, state, and federal laws including for the disposal of hazardous waste. (7-1-18)	Compliant
24.36.01.702.09. Policy and Procedures Manual. Maintain a policy and procedures manual to ensure compliance with this rule. (7-1-18)	Compliant

24.36.01.350. PHARMACIST PRESCRIBING: GENERAL REQ

Question	Answer
24.36.01.350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS. In accordance with Section 54-1704, Idaho Code, a pharmacist may independently prescribe drugs, drug categories and devices provided the following general requirements are met: (7-1-18)	Yes
24.36.01.350.07. Documentation. The pharmacist must maintain documentation adequate to justify the care provided, including, but not limited to the information collected as part of the patient assessment, the prescription record, and the follow-up care plan. (7-1-18)	Compliant
Does facility have CLIA WAIVER for Point of Care Testing	No

24.36.01.103.03. Inspection Deficiencies

Question	Answer
24.36.01.103.03. Inspection Deficiencies. Deficiencies noted must be promptly remedied, and if requested, the Board office notified of corrective measures. One (1) follow-up inspection may be performed by the Board at no cost. For additional follow-up inspections, the drug outlet will be charged actual travel and personnel costs incurred in the inspection to be paid within ninety (90) days of inspection. (7-1-18)	Will follow up next annual
24.36.01.103.04. Inspection Reports. Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview. (7-1-18) [Discussed with]	Ryan
Deficiencies- Education of Code and Rule provided	Yes
Deficiencies- Issued Warning to Drug Outlet -Possible Discipline	Yes
Disclaimer - Any items not discussed specifically by compliance officer on this inspection does not constitute compliance nor approval.	True

Violation Code	Violation Date	Date Resolved	Remarks
24.36.01.500.03. Inventory Records	1/28/2021 12:00:00 AM		CII inventory must be separate from CIII-CV. Software conversion omitted package size in inventory counts. Basically not in manner required by federal. Refer to CFR 1304.11
24.36.01.350 Pharmacist prescribing -NO VIOLATION-	1/28/2021 12:00:00 AM		select immunizations - mainly Shingrix. No protocols for independant prescribing.
24.36.01.501.02. Individual Information Changes	1/28/2021 12:00:00 AM	1/28/2021	notes above. Remember to keep facility employees current (10 day notification)

THE UNDERSIGNED LICENSEE OR REPRESENTATIVE AT THE TIME OF INSPECTION ACKNOWLEDGES RECEIPT OF THIS INSPECTION REPORT

22/656 1:6

K2RED LLC
801 S VISTA AVE
BOISE, ID 83705-2424

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FK5227601	12-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-11-2020

K2RED LLC
DBA: MEDSYNC PHARMACY
801 S VISTA AVE
BOISE, ID 83705-2424

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FK5227601	12-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-11-2020

K2RED LLC
DBA: MEDSYNC PHARMACY
801 S VISTA AVE
BOISE, ID 83705-2424

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FK5227601	12-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-11-2020

K2RED LLC
DBA: MEDSYNC PHARMACY
801 S VISTA AVE
BOISE, ID 83705-2424

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

4PP

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: Mixlab, Inc.

Physical Address: 2223 Federal Ave. Los Angeles, CA 90064

Mailing Address: 2223 Federal Ave

City: Los Angeles State: CA Zip Code: 90064

Telephone: 888-901-4480 Fax: 212-967-0892

Toll Free Number: 888-901-4480 (Required per NAC 639.708)

E-mail: cliff@mixlabrx.com Website: www.mixlabrx.com

Managing Pharmacist: Cliffton Amend License Number: 60224

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

Cliffton Amend

Print Name of Authorized Person

7/15/2021

Date

Board Use Only Date Processed:_____ Amount: 500 CHECK # 092782336 9

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Mailing Address: 874 Walker Rd, Suite C

City: Dover State: DE Zip: 19904

Telephone: 302-734-8300 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) Frederic Dijols [redacted] Federal Ave. Los Angeles, CA 90064
Name Address

b) Stella Kim [redacted] W 37th St. Suite 850 New York, NY 10018
Name Address

c) Rocket Internet Capital Partners SCS [redacted] Rue Lou Hemmer Luxembourg - Findel N4 L-1748
Name Address

d) Sonoma Brands III, L.P. [redacted] W. Napa St., Suite C Sonoma, CA 95476
Name Address

2) Provide the number of shares issued by the corporation. 31,036,038

3) What was the price paid per share? 2.23

4) What date did the corporation actually receive the cash assets? 4/30/2021

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

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

Sunday 9 am 1 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: _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

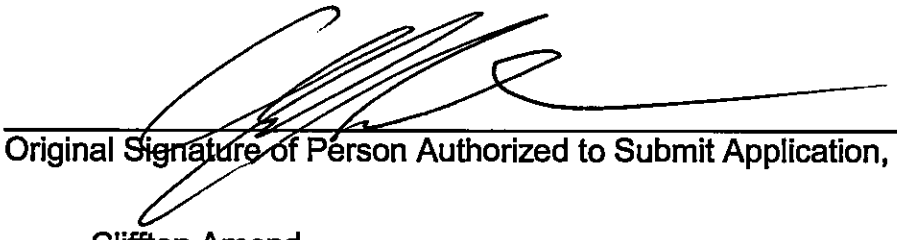
I, Cliffton Amend

Responsible Person of Mixlab, 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

Cliffton Amend
Print Name of Authorized Person

7/15/2021
Date

Transmitting Controlled Substance Prescription Data

Pursuant to NAC 639.926, pharmacies and dispensing practitioners that dispense controlled substances listed in schedule II, III or IV are required to submit data to the Board each week; however, we highly encourage dispensers to submit data on a nightly basis when possible. If a dispenser has not dispensed any controlled substances for the required time period, the dispenser is required to submit a zero reporting transmission.

The Nevada State Board of Pharmacy contracts with Appriss to manage the data collection for the Nevada Prescription Monitoring Program (PMP). For information to register and submit data please visit: http://bop.nv.gov. Click Links, click Prescription Monitoring Program, click Dispenser Guide.

If you have any questions or need additional information, please email: pmp@pharmacy.nv.gov

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIXLAB, 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 SIXTH 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 "MIXLAB, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2017.

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

Jeffrey W. Bullock, Secretary of State

6362690 8300

SR# 20210148747

Authentication: 202457249

Date: 02-06-21

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

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CALIFORNIA)
) ss.
Los Angeles COUNTY)

I, **Cliffton Amend**, 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 **Mixlab, 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, **Cliffton Amend**, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
14 day of July 2021.

NOTARY PUBLIC

STEVEN B. NEMIROFF
Notary Public - California
Los Angeles County
Commission # 2310801
My Comm. Expires Oct 28, 2023

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

August 3, 2021

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

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: MIXLAB INC

License Type: PHARMACY

License Number: PHY 57630

Status: ACTIVE

Issue Date: 03/16/2020

Expiration Date: 03/01/2022

Address of Record: 2223 FEDERAL AVE LOS ANGELES, CA 90064

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Ann Altamirano
Public Inquiry Analyst
(916) 518-3141
Pharmacy.PublicRecords@dca.ca.gov

MIXLAB, INC
2223 FEDERAL AVE
LOS ANGELES, CA 90064-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM9202499	01-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-09-2020

MIXLAB, INC
2223 FEDERAL AVE
LOS ANGELES, CA 90064-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM9202499	01-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-09-2020

MIXLAB, INC
2223 FEDERAL AVE
LOS ANGELES, CA 90064-0000

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Form DEA-223 (9/2016)

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 57630

ISSUE DATE MARCH 16, 2020

MIXLAB INC

2223 FEDERAL AVE
LOS ANGELES CA 90064

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

CORPORATION
CLIFFTON AMEND

PHARMACIST IN CHARGE

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

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

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 57630
RECEIPT NO. 10220614

VALID UNTIL MARCH 01, 2022

MIXLAB INC
2223 FEDERAL AVE
LOS ANGELES CA 90064

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name herein 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 -----

mixlab

Ownership Information

Mixlab Owners / Officers

Frederic Dijols, CEO

Stella Kim, CXO

Mixlab, Inc.
336 W 37th Street, Suite 850
New York, NY 10018

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National Association of Boards of Pharmacy®
Verified Pharmacy Program®Inspection Form - Virtual Inspection

Pharmacy e-Profile ID:	1499875		**Inspection Information**
Legal Business Name:	Mixlab Inc	**Virtual Inspection Day 1:**	6/7/2021
Doing Business As (DBA):	Mixlab	**Start Time: 24-hour format (13:00)**	9:00
Address:	2223 Federal Ave	**End Time: 24-hour format (13:00)**	13:40
City:	Los Angeles	**Virtual Inspection Day 2:**	N/A
State:	CA	**Start Time: 24-hour format (13:00)**	
Zip Code:	90064	**End Time: 24-hour format (13:00)**	
Telephone number:	(209) 743-3249	**Inspector Name:**	James W. Velez, RPh
Toll free number:	(888) 901-4480	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	(212) 967-0892	**Observer Name/Affiliation (if applicable):**	N/A
Website:	www.mixlabrx.com	**Observer Name/Affiliation (if applicable):**	N/A

Pharmacy Hours of Operation	**Check if 24/7** ☐		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday	9:00	13:00	
Monday	9:00	19:00	
Tuesday	9:00	19:00	
Wednesday	9:00	19:00	
Thursday	9:00	19:00	
Friday	9:00	19:00	
Saturday	9:00	19:00	

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Cliffton B Amend	Cliff@mixlabrx.com	236906
Nonsterile Compounding Supervisor	Cliffton B Amend	Cliff@mixlabrx.com	236906
Sterile Compounding Supervisor	None		
Hazardous Compounding Supervisor	None		

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Clifton Amend	PIC	Y
2	Vinny Dam	Pharmacist, NY Pharmacy PIC	Y
3			
4			
5			
6			
7			
8			
9			
10			

Full Staff consists of 5 pharmacists, 4 technicians, 6 clerical/couriers staff

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
CA BOP	Mixlab, Inc	Pharmacy/PHY57630	3/1/2022
DEA- US Dept of Justice	Mixlab, Inc	Pharmacy CS/FM9202499	1/31/2023

Inspector Notes:
- This pharmacy has a NY state BOP license, but does not currently dispense or distribute to NY. License #038646 exp 12/23/2021
- Mixlab has a second pharmacy location in New York.
- CA BOP allows for distribution only within CA
- Pharmacy Technician, Vikky Joma, license expiration was verified as 4/30/2023
- Distribution volume composed mostly of commercially available cardiac meds

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Telepharmacy	
Open to the Public	X (Vet Rxs only)	Central Fill/Processing/Shared Services	
Closed Door		Specialty Pharmacy	X (Vet Rxs only)
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)		Manufacturer	
Veterinary Pharmacy	X	Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	X
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X
HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	5000	Total Pharmacists:	5
Nonsterile Compounding Room size:	3000	Number of Compounding Pharmacists	5
Nonsterile Compounding powder hoods number:	3	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	296	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	2	Total Technicians:	4
Sterile Compounding Ante Room size:	N/A	Number of Compounding Technicians	4
Sterile Compounding Clean/Buffer Room size:	N/A	Of technicians, how many are certified?	0
Sterile Compounding Number LAFW hoods/areas:	N/A	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	N/A	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	N/A	Total Other Unlicensed Personnel:	6
Negative Pressure Sterile HD Room size:	N/A	Ratio #tech:#RPh present at time of inspection:	1:1
Sterile HD Compounding Number of BSC hoods:	N/A	Total Pharmacist Hours Per Week:	200
Sterile HD Compounding Number of CACI hoods:	N/A	Total Technician Hours Per Week:	153

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	~80	Total Orders Distributed/day:	~4
% Veterinary Prescriptions	100%	% Veterinary Orders	100%
% Controlled Substance Prescriptions	4%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	80%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	8%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK			
AL			
AR			
AZ			
CA	2006	172	May 2021
CO			
CT			
DC			
DE			
FL			
GA			
HI			
IA			
ID			
IL			
IN			
KS			
KY			
LA			
MA			
MD			
ME			
MI			
MN			
MO			
MS			
MT			

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC			
ND			
NE			
NH			
NJ			
NM			
NV			
NY	0	0	May 2021
OH			
OK			
OR			
PA			
RI			
SC			
SD			
TN			
TX			
UT			
VA			
VT			
WA			
WI			
WV			
WY			
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form - Virtual Inspection

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Mixlab Inc dba Mixlab
e-Profile ID: 1499875
Virtual Inspection Date: 06/07/2021

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (no PHI)?	N/A	Virtual Inspection
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		No additional personnel interviewed
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	Yes	Per PIC, predominantly cardiac meds, About 4%
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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National Association of Boards of Pharmacy®
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General Pharmacy Inspection

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Facility Name: Mixlab Inc dba Mixlab
e-Profile ID: 1499875
Virtual Inspection Date: 06/07/2021

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Unknown	Could not properly evaluate during virtual tour
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	N/A	CA BOP does not conduct pre-opening inspection and pharmacy is open only about 1 year
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	N/A	
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	

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		Finding	Notes
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	No	
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? ***Verify that the lab director is current (usually the PIC is the lab director named).*** *If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Per PIC, the plan is to maintain files for 10 years
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	Per PIC, the plan is to maintain files for 10 years
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Kept as hardcopies and electronically
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Kept electronically on PK Solutions database
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	PK Solutions program does not allow for deletion of prescriptions
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Statements dispersed throughout SOPs and URLs provided
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Files maintained on an electronic "home grown" database system
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Annually upon employee evaluation

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		Finding	Notes
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	No	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	~1:1
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	ADT perimeter alarmed, peripheral and internal video monitoring
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	No	Interdispersed among legend drugs
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Pharmacist remains onsite until the building can be secured
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	no destruction onsite
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	RP Reverse Distributors
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Steri-Cycle, approximate quarterly pick-ups
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Per PIC, counseling performed at counter but low patient traffic volume provides privacy

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		Finding	Notes
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Read manually twice daily, 22 degrees C
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process.*	Yes	Manually recorded twice daily, logs are entered into database
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	No	Manually recorded twice daily, logs are entered into database; no pre-set range; records are kept for 10 years; excursions are detected by reviewing of the daily readings during business hours.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	5 degrees C
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	Excursions are detected during review of daily readings. Records maintain since pharmacy has been open, about 1 year. Plan is to store data for 10 years.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	Minus 18 degrees C Only shipping ice packs are stored in the freezer
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Maintain vigilance of temperature readings, if temperature cannot be maintained check with manufacturer for excursion limits, discard if necessary
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Maintain vigilance of drug storage area temperature readings, if temperature cannot be maintained check with manufacturer for excursion limits, discard if necessary
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	Check with manufacturer for drug excursion limits, discard if necessary
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	Yes	5 Ohaus Balances, EX423N; 1 O-Mill Ointment Mill; Profiller 3600 Capsule Filling Machine; IKA Homogenizer; Gako Unguator 2100; LFA VH-8 Blender; Junior V-Blender; Mazerustar Mixer KK200SS
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	Yes	

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		Finding	Notes
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Utilize CA BOP and FDA approved wholesalers only
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Amerisource Bergen, ANDA, Fagron, Letco Medisca, PCCA, Patterson Veterinary, Spectrum
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Verified by utilizing only CA BOP and FDA vetted wholesalers
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	SOP identifies manufacturer verification, BOP, andMedwatch
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	None to date
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	No	

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		Finding	Notes
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	No	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	Yes	PIC and Vinny Dam have POA
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Yes	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	During hours of operation only
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	PK Solutions Program
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Per SOP & PIC CA BOP, none to date
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	Pharmacy maintains a perpetual and electronic record which is reconciled quarterly
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	Yes	Quarterly
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	5/3/2021
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	No	PIC however performs inventory spot checks

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		Finding	Notes
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs.* *If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs.* *If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Outdated medications/APIs are placed into Steri-Cycle bins for disposal
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Unknown	Virtual imaging was less than adequate
60.02	How often is active-stock examined for drugs past the expiration date?		Monthly
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	Yes	Patient name field includes pet name and species. Pharmacy only fills veterinary prescriptions

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		Finding	Notes
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Questionable prescriptions verified with prescribing physician
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Unknown	
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	No	
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	N/A	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	A prescriptions undergo a dual pharmacist verification prior to filling and prior to dispensing
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	during data entry using manual DAR
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	Manual DUR as no Veterinary DUR database exists
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	Plumb's, VPR Cloud, Merck Veterinary, Saunder's, American College of Apothecary, and American College of Veterinary Pharmacists
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	

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		Finding	Notes
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	CA BOP daily, None to report to date
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	N/A	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Pharmacist documents in note field and initials entry
67.07	Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.*	No	
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	Pharmacist documents in note field and initials entry
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	No	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Pharmacist initials prescription label
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	All appropriate fields are included
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Computer access is job title and license restricted, PK Solutions
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	Deface vials, shred documents by Shred-it
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	Seasonal test packages are tested between LA and NY
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form - Virtual Inspection

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

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		Finding	Notes
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	Proactively
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	Pharmacist counsels all new prescriptions
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
76.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	Offer made by anyone at the front counter at the time, pharmacist or Pharmacy Tech

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77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	Proactively
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	Pharmacist proactively treat as a new prescription
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Pharmacist call to notify patient of prescription being sent and offers counseling. Prescription also includes printed card with instructions and a toll free number to reach a pharmacist with questions.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Pharmacist call to notify patient of prescription being sent and offers counseling. Prescription also includes printed card with instructions and a 24 hour monitored number to reach a pharmacist with questions.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Whenever they are available. Pharmacy has created some of their own medication information sheets
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Whenever they are available. Pharmacy has created some of their own medication information sheets and dose administration information cards
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	No REM drugs
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	POS system or PK solutions notes field
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	Information card provided with every prescription
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

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		Finding	Notes
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	PIC oversees the program. A form for reporting such things as customer satisfaction, prescription consistency, etc.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Electronic and Hard copy which is shared at staff meetings
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	Performed quarterly for both pharmacies (LA and NY)
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	Reports are available. Pharmacy not opened for a full year yet.
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Both
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	

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88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	PIC per occurrence, reports quarterly
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	Yes	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	Perform Quarterly reports to staff, however Pharmacy has yet to complete a year of being open
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	If a QRE of such magnitude should occur. None to date

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		Finding	Notes
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	N/A	Per policy but none to date
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	Pharmacy does not dispense devices
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	Pharmacy utilizes an internal Variance Reporting Document at Quarterly meetings
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	Consumer satisfaction reports are ongoing. Information and feedback is requested in documentation provided with every prescription
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	Documented on the Variance Report

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		Finding	Notes
	General Operations and Information		
1.00	Does the pharmacy **dispense** nonsterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	Manual DURs performed
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	Yes	
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	Yes	This is the majority of cases
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	Occasionally, about 5% of the time
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	If mailed, it is overnight delivered
2.00	Does the pharmacy **distribute** nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	Yes	Usually metronidazole or doxycycline suspensions
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	Yes	Usually metronidazole or doxycycline suspensions
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	Yes	Usually metronidazole or doxycycline suspensions
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.*	Yes	All veterinary medications; pergolide, omeprazole, methimazole, metronidazole, pentoxifylline, etc
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.*	No	
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided.*	N/A	
2.06	If yes, are any of these controlled substances? *List compounds provided.*	N/A	

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		Finding	Notes
3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	Yes	Tablets, capsules and liquids
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	Gels and ointments
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	Yes	Pharmacy provides SAM-e
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	
9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	Yes	< 5%
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	Yes	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	Yes	
10.00	Does the pharmacy perform compounding identified as **simple?** *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s. 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precautions. Gel, and Potassium Bromide Oral Solution (Veterinary).*	Yes	25%

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		Finding	Notes
11.00	Does the pharmacy perform compounding identified as **moderate?** *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.*	Yes	70%
12.00	Does the pharmacy perform compounding identified as **complex**? *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	Yes	5%
13.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	~8%
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	Available from online resource
15.00	Does the pharmacy compound using any **controlled substances**? *Indicate percentage of controlled substance nonsterile compounding.*	Yes	~1-2%
16.00	**APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	Yes	Letco, PCCA, Medisca, Spectrum, ANDA
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.*	Yes	Pharmacy can only utilize CA licensed distributors

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		Finding	Notes
16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	Tracked by PK Solutions database
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	Yes	Capsule weight variation
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	AR Labs and Compounder's International; potency, consistency
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balanced is used? *List manufacturer and model number*		Ohaus EX423N Balances
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency*	Yes	Daily calibration process
19.03	Describe the pharmacist checks for the measurement of each ingredient		Pharmacist verifies all weights and volumes prior to compounding . Verified by PK Solution database documentation
20.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include nonsterile compounding measures? **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	Yes	AR Labs and Compounder's International; potency, consistency & pH
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	

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		Finding	Notes
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	None to date
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**0**	
21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	
21.02	USP- or NF-grade substances used, if available	Compliant	Usually USP/NF, either European grade or scientific grade if USP/NF not available
21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	Compliant	
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	N/A	Veterinary compounding only

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		Finding	Notes
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	Compliant	One year
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	Compliant	Entered into PK Solutions database
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	N/A	Pharmacy does not repackage
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
22.00	Where water is an ingredient, purified or distilled water is used.	Compliant	Purified or Distilled water
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	Compliant	SAM-e
24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	N/A	Veterinary compounding only
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
26.00	For **animal compounding:** The compounding meets the same standards as compounding for human patients.	Compliant	
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form - Virtual Inspection

Nonsterile Compounding Inspection

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Facility Name: Mixlab Inc dba Mixlab
e-Profile ID: 1499875
Virtual Inspection Date: 06/07/2021

		Finding	Notes
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	Compliant	All animals verified as pets
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	Compliant	All animals verified as pets
	Beyond Use Dating (BUD)		
	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	Compliant	Pharmacy utilizes published extended BUDs
29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	Compliant	BUDs verified by ARL and Compounder's International
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	Compliant	
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	Compliant	

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Virtual Inspection Date: 06/07/2021

		Finding	Notes
	Environment		
	Total Non-Compliant (Includes Unknowns)	**0**	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	One product compounded per hood, with cleaning being performed between products
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs **hazardous** non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)*	Compliant	
38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	Compliant	Last certified 1/5/2021
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	N/A	
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	Per PIC
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	Per PIC
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	Single use paper towels

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		Finding	Notes
41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is **recommended** - not required)*	Compliant	Hand washed utensils are rinsed with purified water. Other utensils Washed in a dishwasher
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	22 degrees C
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	22 degrees C
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally **recommended** range is 35-60%.	Compliant	RH = 41%
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.03	Humidity monitoring is also performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Compliant	RH = 41%
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	

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		Finding	Notes
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Compliant	
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	Steri-Cycle removal
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	Hazardous waste is placed in Steri-Cycle bins daily, quarterly removal
	Training *-Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (Includes Unknowns)	**0**	
50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Compliant	Annually reviewed and documented
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Compliant	Per PIC, onboarding training is performed within 6 months of hire, then annually
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	Review training documentation for Amanda Wong, PharmD. - 2/2021 and Vikky Joma, Pharm Tech.- 3/24/2021
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	

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		Finding	Notes
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	Compliant	
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	Compliant	
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	N/A	
	Compounding Equipment		
	Total Non-Compliant (Includes Unknowns)	**0**	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	Auto calibrated each morning prior to start of compounding
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	Compliant	Last certified 1/5/2021
58.01	Hood filters are checked regularly and replaced when necessary.	Compliant	
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed.* ***Recommended*** *rinsed with purified water.*	Compliant	Hand washed utensils are rinsed with purified water. Other utensils washed in a dishwasher
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	

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		Finding	Notes
Documentation			
	Total Non-Compliant (Includes Unknowns)	**0**	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	Master Formulations created in PK Solutions database
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
61.02	The **master formulation record** includes:		
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	
61.05	Description of all ingredients and their quantities	Compliant	
61.06	Compatibility and stability information including references (when available)	Compliant	
61.07	Equipment used for the preparation	Compliant	
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Compliant	
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	
62.01	The **compounding record** includes:		
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	

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		Finding	Notes
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	Barcode scanned into PK Solutions
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	
62.07	Person performing the quality control procedures	Compliant	
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	
62.11	Description of the final preparation	Compliant	
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Compliant	
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	Steri-Cycle removal
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	Reported on Variance Reports and/or patient profile note field
	Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**0**	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	Reviewed Methimazole 10 mg capsules
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	
66.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	

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		Finding	Notes
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Compliant	
68.00	Personnel don appropriate protective garb when performing compounding.	Compliant	
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.	Compliant	
69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*	Compliant	
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding accuracy checked by a person other than the compounder.*	Compliant	In-process checks performed by floating pharmacist in the compounding area
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Compliant	
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Compliant	
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	
74.00	Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding area and equipment.* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey, mark as "Non-Compliant".*	Compliant	
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "* ***Denial of Authorization*** *" form. List individual who signs the Denial of Authorization*		Virtual Meeting, compounding not observed

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		Finding	Notes
	Finished Preparation Release Checks and Tests		
	Total Non-Compliant (Includes Unknowns)	**0**	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	
77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	Compliant	
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	Compliant	
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	Compliant	
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	Compliant	
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials.	Compliant	
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	

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		Finding	Notes
80.04	If hazardous, labeling contains storage and handling information.	Compliant	
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	Compliant	
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation **AND** again immediately prior to dispensing for any signs of instability.	Compliant	
	Patient Counseling and Communication		
	Total Non-Compliant (Includes Unknowns)	**0**	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	Compliant	
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Compliant	
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	Notification provided is product specific
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	Per SOP - none to date

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Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

Darlene Nases

From: Cliff Amend <cliff@mixlabrx.com>
Sent: Wednesday, August 18, 2021 3:47 PM
To: Darlene Nases
Subject: Re: Out of State Pharmacy Application - Mixlab, Inc. - Need more information

Darlene,

of course,
Pharmacist
Lin Soh
19471

Cliff

On Wed, Aug 18, 2021 at 3:44 PM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

Hello Cliff,

Can you please provide the persons name and license number?

Thank you!

Regards,

Darlene Nases

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

dnases@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Cliff Amend <cliff@mixlabrx.com>
Sent: Wednesday, August 18, 2021 3:43 PM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Subject: Re: Out of State Pharmacy Application - Mixlab, Inc. - Need more information

Hi Darlene,

I will get these two documents completed and mailed out to the board.

One of my pharmacists does hold a Nevada license.

Cliff

On Wed, Aug 18, 2021 at 1:46 PM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

Hello Cliff,

I received your Out of State Pharmacy Application for Mixlab, Inc. However, we are requiring the below documents for your application to be complete.
Can you please provide and mail into our office?

- Personal History Record
- Designated Representative Form

Also, can you please confirm if your company has a NV licensed pharmacist?

Regards,

Darlene Nases

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

dnases@pharmacy.nv.gov

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--

Cliffton Amend, PharmD, FACA, FACVP

Pharmacist in Charge

Mixlab | mixlabrx.com

2223 Federal Ave | Los Angeles, CA | 90064

C: 209 743 3249 | F: 212 967 0892 | T: 888 901 4480

E: Cliff@mixlabrx.com

--

Cliffton Amend, PharmD, FACA, FACVP
Pharmacist in Charge
Mixlab | mixlabrx.com
2223 Federal Ave | Los Angeles, CA | 90064
C: 209 743 3249 | F: 212 967 0892 | T: 888 901 4480
E: Cliff@mixlabrx.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Mixlab, Inc

Physical Address 2223 Federal Ave.

City Los Angeles State CA Zip 90064

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-901 4480 Website WWW.MIXLABRX.COM

Licensing Company Email Cliff@MIXLABRX.COM

Section 2: Personal Information

First Cliffton Middle Blooke Last Amend

Alias(es, nicknames, name changes, etc.) Cliff

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Glendon Ave #201

City Los Angeles State CA Zip 90025

Telephone [redacted] Email Cliff@Mixlabrx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials CA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Southern California		8/03 - 5/07	
Address	**City**	**State**	**Zip**
1985 Zonal Ave	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Sonoma State University		8/98	5/01
Address	**City**	**State**	**Zip**
1801 Cotati Ave.	Rohnert Park	CA	94928
Diploma/Degree obtained, if any			
Bachelor in Science Biology			

School Name		From - To (MM/YY – MM/YY)	
Columbia Community College		8/96	6/98
Address	**City**	**State**	**Zip**
11600 Columbia college Drive	Sonora	CA	95370
Diploma/Degree obtained, if any			
Associate in Science Biology			

School Name		From - To (MM/YY – MM/YY)	
Sonora Union High School		9/92	6/96
Address	**City**	**State**	**Zip**
430 N Washington St	Sonora	CA	95370
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/20 –	[redacted] Glendon Ave. # 201	Los Angeles	CA	90025
6/17 - 3/20	2716 Elliot Ave. # 1808	Seattle	WA	98121
11/13 - 8/17	2105 5th Ave. # 1510	Seattle	WA	98121
1/12 - 11/13	809 Olive WAY # 1209	Seattle	WA	98101
11/11 - 1/12	801 Pine St # 106	Seattle	WA	98101
8/08 11/11	265 East Wind Drive	Ripon	CA	95366
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
MixLab INC			03/20
Business Address	**City**	**State**	**Zip**
2223 Federal Ave	Los Angeles	CA	90064
Phone	**Title**		
888-901-4480	Pharmacist in Charge		

Description of Duties
Oversees operations of pharmacy, ensuring pharmacy is in compliance with all laws and regulations pertinent to the practice of pharmacy. Manage employees supervise recordkeeping, Purchase, sale possession, storage of prescription medication, review counsel, Advice on Medications

Business Name			From - To (MM/YY – MM/YY)
Albertsons companies - Safeway - Cavs - Albertsons			5/14 - 2/21
Business Address	**City**	**State**	**Zip**
1121 124th Ave NE	Bellevue	WA	98005
Phone	**Title**		
425-455-6944	Division Pharmacy Manager		

Description of Duties
Oversee operations of pharmacies and ensuring pharmacies operate in accordance with State and federal laws. Maintain Staffing, Hiring, training. meet goals and objectives for business needs and provide guidance for proper dispensing of medications and maintence of records.

Business Name			From - To (MM/YY – MM/YY)
Safeway			11/11 5/14
Business Address	**City**	**State**	**Zip**
1112 S M Street	Tacoma	WA	98405
Phone	**Title**		
253-627-8840	Pharmacy Manager		

Description of Duties
Ensure pharmacy operations in accordance with State, federal Laws, Verify, fill, Counsel on medications, Immunization, MTM, OTC Recommendations, maintain records and storage of pharmacy. security. Supervise staff pharmacists, technicians.

Business Name			From - To (MM/YY – MM/YY)
Costco Wholesale			8/08 - 11/11
Business Address	**City**	**State**	**Zip**
1616 E Hammer Lane	Stockton	CA	95210
Phone	**Title**		
209-[illegible]-2040	Pharmacy Manager		

Description of Duties
Ensures pharmacy operates in accordance with State and federal Laws, maintains records and security of prescription drugs. Verify, fill, counsel on prescriptions. Administer flu shots, other immunizations, OTC Recomendations, Hire train supervise Staff

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials A

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		•
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials CA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Clifton Amend

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/20/2021

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/24/2021

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials CX

CALIFORNIA ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

On 8-24-21 (Date) before me, Tilak A. Thanaratnam, (Here Insert Name and Title of the Officer)

personally appeared Clifton A. Ames (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.

TILAK A. THANARATNAM
Notary Public - California
Los Angeles County
Commission # 2297620
My Comm. Expires Aug 13, 2023

Place Notary Seal and/or Stamp Above

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*

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler MixLab, INC

Physical Address 2223 Federal Ave

City Los Angeles State CA Zip 90064

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-901-4480 Website www.mixlabrx.com

Licensing Company Email Cliff@MIXLABRX.COM

Section 2: Personal Information

First Clifton Middle Brooke Last Amend

Alias(es, nicknames, name changes, etc.) Clift

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Glendon Ave. #201

City Los Angeles State CA Zip 90025

Telephone [redacted] Email Cliff@MIXLABRX.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials CA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Southern California		9/03 - 5/07	
Address	**City**	**State**	**Zip**
1985 Zonal Ave	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Sonoma State University		8/99 5/01	
Address	**City**	**State**	**Zip**
1801 Cotati Ave	Rohnert Park	CA	94928
Diploma/Degree obtained, if any			
Bachelor in Science Biology			
School Name		**From - To (MM/YY – MM/YY)**	
Columbia Community College		8/96 5/98	
Address	**City**	**State**	**Zip**
11600 Columbia College Drive	Sonora	CA	95370
Diploma/Degree obtained, if any			
Associate in Science Biology			
School Name		**From - To (MM/YY – MM/YY)**	
Sonora Union High School		09/92 6/96	
Address	**City**	**State**	**Zip**
430 N Washington St	Sonora	CA	95370
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/20 -	1935 Glendon Ave #201	Los Angeles	CA	90025
6/17 - 3/20	2716 Elliot Ave #1001	Seattle	WA	98121
11/13 - 8/17	2105 5th Ave #1510	Seattle	WA	98121
1/12 - 11/13	809 Olive WAY #1205	Seattle	WA	98101
11/11 - 1/12	801 Pine St #106	Seattle	WA	98101
8/08 - 11/11	265 East Wind drive	Ripon	CA	95366
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials VA

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Mikcals INC			05/20
Business Address	**City**	**State**	**Zip**
2223 Federal Ave	Los Angeles	CA	90064
Phone	**Title**	**Number of Employed Hours**	
888-901-4480	Pharmacist in Charge	3,200	
Description of Duties			
oversee operations of pharmacy · ensuring pharmacy is in compliance with all laws and regulations pertainant to the practices of pharmacy · Manage employees, supervise record keeping / purchase, sale possession, storage of prescription medications Review, counsel, Advise on medications			

Business Name			From - To (MM/YY – MM/YY)
Albertsons Companies - Safeway owns → Albertsons			5/14 - 2/21
Business Address	**City**	**State**	**Zip**
1121 124th Ave NE	Bellevue	WA	98005
Phone	**Title**	**Number of Employed Hours**	
425-465-6944	Division Pharmacy Manager	14,120	
Description of Duties			
oversee operations of pharmacies and ensuring pharmacies operate in accordance with state and federal laws. maintain Staffing, Hiring, Training. Meet goals and objectives for business needs and provide guidance for proper dispensing of medication and maintenance of records			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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.

Applicant's initials GA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Clifton B Amend, **certify that as the designated representative for**

MixLab INC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Clifton Amend
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/20/2021
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Clifton Arend

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/20/2021

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/24/2021

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's Initials _____

CALIFORNIA ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

On 8-24-21 (Date) before me, Tilak A. Thanaratnam (Here Insert Name and Title of the Officer)

personally appeared Clifton B. Ames (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.

TILAK A. THANARATNAM
Notary Public - California
Los Angeles County
Commission # 2297620
My Comm. Expires Aug 13, 2023

Place Notary Seal and/or Stamp Above

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

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

©2019 National Notary Association

4QQ

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: Foot Care Store, Inc. d/b/a Dia-Foot

Physical Address: 4280 West Windmill Lane Ste 111, Las Vegas, NV 89139
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3281 Fairlane Farms Rd Ste 7

City: Wellington State: FL Zip Code: 33414

Telephone: 561-791-1213 Fax: 561-727-0707

E-mail: jayadia-foot Website: www.dia-foot.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: to Tue: to Wed: to Thu: to

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

Hrs are by appt only M-F

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Yee K. Lim

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: Diabetic Footwear

**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:

4036910002	FL 029761501	PA - 103511975001 KY - 7100447010
65075 ✓	FL 029761500	MI 1740333061 VA 174033061
	OH - 0360814 IL - 650638739001	GA 003205479A LA - 2429876

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

Robert Gaynes — Print Name of Authorized Person

2/24/21 — Date

Board Use Only	Received:	Amount: 500 Check 019994

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 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 NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: FL

Parent Company if any: _____

Corporation Name: Foot Care Store d/b/a Dia-Foot

Mailing Address: 3281 Fairlane Farms Rd Ste 7

City: Wellington State: Zip: FL 33414 Telephone: 561-791-1213

Fax: 561-791-7070 Contact Person: Jay Johnson

For any corporation non publicly traded, disclose the following:

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

a) Robert M. Gaynor [redacted] Windsor Ct. Boca Raton, FL
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. 40

3) What was the price paid per share? 1.00

4) What date did the corporation actually receive the cash assets? 1/16/96

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.

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*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/24/2021

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 FOOT CARE STORE, INC d/b/a Dia-Foot
Nature of License

DIA-FOOT 4280 West Windmill Lane · Las Vegas, NV 89139
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Gaynor (Last Name) Robert (First Name) Mark (Middle Name)

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Windsor Ct (Present Residence Address-Street or RFD) Boca Raton, FL (City) 33496 (State/Zip)

3281 Fairlane Farms Rd (Present Business Address) Dates Wellington, FL (City) 33414 (State/Zip) 6+ years

President (Occupation) Dates 2004- Present

CEO DIA-FOOT

Phone: Residence [redacted]

[redacted] (Date of Birth) Detroit, Wayne County / MI (Place of Birth (City, County, State)) Business 561 721 7063

57 (Age) [redacted] (Social Security Number or ITIN) (Sex)

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Hazel	Brown	Clear	180	Slim	62

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

MARITAL INFORMATION-Continued

A. Current Marriage 11/2/91 (Date) City, County and State

Spouse's full name (Maiden) Dawn Gayman SS# or ITIN [redacted]

Date of Birth [redacted] Place of Birth Chicago, IL.

Resident address [redacted] Windsor CT. Boca Raton, FL. 33496
Street City State Zip

Telephone: Residence [redacted] Business 561 791 1213

Spouse's employer Fast Car Store Inc. Occupation Billing

Address of employer 3281 Fairlane Farms Rd Wellington, FL. 33414
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
Ø				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Ø					

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
Zackary Gayman	[redacted]	Boca Raton, FL	[redacted]	[redacted]	Marbella Circle Boca Raton, FL 33433
Mandi Gayman	[redacted]	Boca Raton, FL	[redacted]	[redacted]	Windsor CT Boca Raton, FL 33496
Alex Gayman	[redacted]	Boca Raton, FL	[redacted]	[redacted]	Windsor CT Boca Raton FL 33496

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 [signature]

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	Harold Gaynn	[redacted]	[redacted] Clove Peak Dr. Boynton Beach, FL 33473	Retired
Mother	Marjorie Gaynn		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
	Steve Gaynn	[redacted]	[redacted] Naples Woods	Retired
Spouse	Linda Gaynn		Delray Beach, FL. 33446	Billing
	Larry Gaynn		[redacted] Clarendon	Sales
Spouse	Teresa Gaynn		Bloomfield Hills, MI 48302	MR
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	West Maple	Birmingham, MI	73-77	Yes / No
High School	Groves HS	Birmingham, MI	77-81	Yes / No
College University	Mich. St. University Ferris State	E. Lansing MI. Big Rapids MI	81-83 83-84	Yes / No
Other	UOMHS	Des Moines, IA	84-88	Yes / No

Type of degree obtained, if any DPM, BS, AS

College or university where obtained Ferris State, UOMHS

Applicant's initial_____

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes → No → If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes → (No) →

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes → (No) → If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → (No) → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → (No) →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → (No) →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → (No) →

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → (No) →
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → (No) →
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → (No) →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial_____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1993- 2000	20155 Palm Island Dr.	Boca Raton,	FL
2000- 2013	11817	Preservation LN	Boca Raton, FL
2013- Present	[redacted]	Windsor CT	Boca Raton, FL

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
11/89 - 2012	Foot Care Specialists	sold Practice
Title	**Description of Duties**	**Name of Supervisor**
Podiatrist	Podiatrist	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2004 - Present	DIA Foot	
Title	**Description of Duties**	**Name of Supervisor**
President	Sales / Marketing	

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 Dave Manilchuk	Home [redacted] Tyrone PL	Delray Bch, FL		33446	[redacted]	1993
Employer retired	Business N/A					
Name Lonny Unger	Home [redacted] St. Annes Way	BOCA, FL		33496	[redacted]	2013
Employer retired	Business retired					
Name Norbert Gerber	Home [redacted] Carlton PL	BOCA, FL		33496	[redacted]	1994
Employer self	Business 22191 Powerline Rd	BOCA, FL		33433	561-391-6336	
Name David Friedman	Home [redacted] NW 53rd Cir	BOCA, FL		33496	[redacted]	2013
Employer Glenmede	Business same as home - Virtual					
Name Don Snyder	Home [redacted] Waverly LN	BOCA, FL		33496	[redacted]	2016
Employer retired	Business retired					

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

FL, Podiatry 1989 - 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.

DHA - Foot 3281 Fairlane Farms Rd Wellington, FL 33414 2015 - Present
Foot Care Specialists - 6316 Lantana Rd #35 Lake Worth, FL 33463 - 1989 - 2012

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 2/24/24

Applicant's initial

STATE OF FL

ss.

COUNTY OF Palm Beach

I, Robert Mark Gaynor, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 24th day of

Notary Public

JAY A. JOSEPHSON
MY COMMISSION # HH 076189
EXPIRES: April 28, 2025
Bonded Thru Notary Public Underwriters

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial _____

State of Florida
Department of State

I certify from the records of this office that FOOT CARE STORE, INC. is a corporation organized under the laws of the State of Florida, filed on January 16, 1996.

The document number of this corporation is P96000005051.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on February 5, 2021, 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 Twenty-third day of February, 2021

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 1225251809CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Officer/Director Detail :

Title	VP
Name	GAYNOR, DAWN
Address	3281 FAIRLANE FARMS RD. STE 7
City-State-Zip:	WELLINGTON FL 33414

Title	PR
Name	GAYNOR, ROBERT M
Address	3281 FAIRLANE FARMS RD. STE 7
City-State-Zip:	WELLINGTON FL 33414

Title	S
Name	GAYNOR, DAWN L
Address	3281 FAIRLANE FARMS RD. STE 7
City-State-Zip:	WELLINGTON FL 33414

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/02/2021

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	CONTACT NAME: Lianet Remedios	
NSI Insurance Group LLC 5875 NW 163 Street Suite 207 Miami Lakes FL 33014	PHONE (A/C, No, Ext): (305) 556-1488	FAX (A/C, No): (305) 556-3680
	E-MAIL ADDRESS: lianetr@nsigroup.org	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Covington Specialty Insurance Company	13027
INSURED Foot Care Store, Inc 3281 Fairlane Farms Road Suite 4-7 Wellington FL 33414	INSURER B: Capitol Indemnity Corp	CAPIND
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 20/21 GL & XS Liab **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			VBA78432000	12/01/2020	12/01/2021	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	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			XS-19023884-01	12/01/2020	12/01/2021	EACH OCCURRENCE	$ 2,000,000
							AGGREGATE	$ 2,000,000
								$
	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	$

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

RE: Property Address: 4280 West Windmill Lane, Suite 111, Las Vegas, NV 89139

CERTIFICATE HOLDER

Pacifica Blue Diamond II, LLC Pacifica Property Management, Inc.
170 Newport Center Drive
Suite 245
Newport Beach CA 92260

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

Oscar Sun

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ~~Yee K. Lim CPed~~ Dia - Foot MDEG License # (if applicable) _____

Physical Address ~~9095 Cabrera Cove St~~

City Las Vegas State NV Zip 89178

Mailing Address (if different from physical address) 4280 W. Windmill Lane Suite 111

City Las Vegas State NV Zip 89139

Telephone 702-970-7166 Website www.dia-foot.com

Licensing Company Email jay@dia-foot.com

Section 2: Personal Information

First Yee Middle K Last Lim

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Cabrera Cove St

City Las Vegas State NV Zip 89178

Telephone [redacted] Email [redacted]

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.)		X
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.)		X
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.)		X

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.)		X
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?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern		03/2009-04/2009	
Address	City	State	Zip
	Chicago	IL	
Diploma/Degree obtained, if any			
Pedorthics			

School Name		From - To (MM/YY – MM/YY)	
Century College		08/2002-06/2004	
Address	City	State	Zip
	White Bear Lake	MN	
Diploma/Degree obtained, if any			
Orthotic technician			

School Name		From - To (MM/YY – MM/YY)	
University of Minnesota		08/1998-06/2001	
Address	City	State	Zip
	Minneapolis	MN	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)
Back In Step			03/2017-Current
Business Address	**City**	**State**	**Zip**
2820 W Charleston Blvd Ste 32	Las Vegas	NV	89102
Phone	**Title**		**Number of Employed Hours**
702-850-2898	Owner		>1500 hrs
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

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, Yee K. Lim, **certify that as the MDEG Administrator for**

Dia-Foot,

that I (initial that you have read and meet the following requirements):

1. YL Have a high school diploma or its equivalent;
2. YL 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. YL 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. YL 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.

Yee K. Lim
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/04/2021
Date

Board Use Only	Date Received:

Mark I. Sedar

From: Jay Josephson <jay@dia-foot.com>
Sent: Friday, August 6, 2021 3:52 AM
To: Mark I. Sedar
Subject: FWD: RE: FW: Notice of Pre-Inspection - DIA-Foot

good morning,
I am not sure the below sent so I am resending.
I would have Ms. Lim forward you the original to sumit
with our application to board.

Jay A. Josephson
Chief Financial Officer
Dia-Foot
3281 Fairlane Farms Rd., Ste 7
Wellington, FL 33414
Jay@dia-foot.com
561-791-1213

From: "Jay Josephson" <jay@dia-foot.com>
Sent: 8/5/21 12:30 PM
To: "Mark I. Sedar" <msedar@pharmacy.nv.gov>
Subject: RE: FW: Notice of Pre-Inspection - DIA-Foot

Mark,
Below is the response from Ms. Lim,
Since our hours were by appt only Ms. Lim will be at our location every afternoon M-F so that is when appointments will be made for them to see her. We will not be open on the weekend. Ms. Lim is a Las Vegas resident and hopefully the board will approve her.

From: Back In Step <backinstep88@gmail.com>
Date: August 5, 2021 at 12:08:36 PM EDT
To: drgaynor@dia-foot.com
Subject: Re: MDEG Application

Good morning Dr,
As far as I know, BOP doesn't require how many hours I stay in my office. So I would say I work in the mornings in my office and afternoons at your location. Also I can see pts on weekends.I also have certified orthotic fitters at my office. I am sure fitters are qualified to fit shoes as well.I think this should be ok with BOP.

2021년 8월 5일 (목) 오전 8:57, Dr Robert Gaynor <drgaynor@dia-foot.com>님이 작성:

Good Morning in Las Vegas!

We submitted your application to the board of pharmacy and they already responded. Below is their response and we were hoping you can email us a response as they say you are already the admin for Back in Step. I assume you will have time to do both functions especially as we are started brand new. I think their concern is your availability to our location in case a patient has a problem with their shoes. They probably want some sort of assurance that you available to be in our location on a daily basis even though you are the administrator for Back in Step.

Appreciate you emailing me a response so I can reply back to the board today as they responsed so fast to the application. Thanks!

Hi Jay,

From the application, Ms. Lim appears to be the owner of Back in Step which is also licensed with our board. She is listed as the administrator for Back in Step, the board will have questions concerning how she will handle duties at both locations. Could you provide details on how you plan to operate and how she will be employed at your location?

Jay A. Josephson
Chief Financial Officer
Dia-Foot
3281 Fairlane Farms Rd., Ste 7
Wellington, FL 33414
Jay@dia-foot.com
561-791-1213

From: "Mark I. Sedar" <msedar@pharmacy.nv.gov>
Sent: 8/5/21 10:40 AM
To: "jay@dia-foot.com" <jay@dia-foot.com>
Subject: RE: FW: Notice of Pre-Inspection - DIA-Foot

Hi Jay,

From the application, Ms. Lim appears to be the owner of Back in Step which is also licensed with our board. She is listed as the administrator for Back in Step, the board will have questions concerning how she will handle duties at both locations. Could you provide details on how you plan to operate and how she will be employed at your location?

Mark Sedar

COO

Nevada State Board of
Pharmacy

(775) 850-1440

msedar@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Jay Josephson <jay@dia-foot.com>
Sent: Thursday, August 5, 2021 7:27 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: FW: Notice of Pre-Inspection - DIA-Foot

Mark,

I have attached the MDEG administrator application for your review Yee Kim.

Would you be so kind to review and if it appears okay will get you an orginal

ASAP

thank you

Jay A. Josephson

Chief Financial Officer

Dia-Foot

3281 Fairlane Farms Rd., Ste 7

Wellington, FL 33414

Jay@dia-foot.com

561-791-1213

From: "Mark I. Sedar" <msedar@pharmacy.nv.gov>
Sent: 8/4/21 4:35 PM
To: "jay@dia-foot.com" <jay@dia-foot.com>
Subject: FW: Notice of Pre-Inspection - DIA-Foot

Mark Sedar

From: Mark I. Sedar
Sent: Tuesday, July 20, 2021 1:22 PM
To: 'jay@dia-foot.com' <jay@dia-foot.com>
Cc: Maria Herrera <m.herrera@pharmacy.nv.gov>; Joe Dodge <j.dodge@pharmacy.nv.gov>
Subject: Notice of Pre-Inspection - DIA-Foot

Hi Jay,

As part of the licensure approval for DIA-Foot 4280 W. Windmill Ln, Ste 111, Las Vegas, NV 89139, requires an inspection by the Board of Pharmacy personnel. Once the facility is ready for the pre-

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 – September 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 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 suspension of her Nevada Controlled Substance Certificate of Registration. Respondent is no longer authorized by Federal or State law to prescribe or	N/A	Revoked	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – September 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
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 failed at times to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed and administered to patients in compliance with NRS 454.213.(1), NRS 454.221 and/or NRS 454.316	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 – September 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
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 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.	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 – September 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
FS: NSBMW entered an order in Case No. 20-4041-1 and imposed discipline on FS's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r) and NRS 630.306(1)(b)(3). FS failed to put into practice policies and procedures to ensure that dangerous drugs (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.	N/A	Fined $3,000; $1,000 attorney's fees and costs; establish policies and procedures.	N/A
GM: In April 14, 2021, the Board entered an Order pursuant to stipulation with GM. On April 21, 2021, GM surrendered his DEA Certificate of Registration No. MM2157647 for cause.	N/A	Revoked. GM may not petition for reinstatement of his certificate or registration for a period of 1 year.	
VM: On July 22, 2020, the DEA issued an Order to Show Cause and Immediate Suspension of Respondent's DEA Certificate of Registration No. BM7876800 pursuant to 21 U.S.C. § 824(d). VM 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 CRF § 1306.04(a) and NRS 453.38, and failed to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C § 823(f)(4). VM possessed and/or dispensed		Revoked. VM may not petition for reinstatement of his certificate or registration for a period of 2 years; fined $10,000; $1,989.10 attorneys costs and fees.	

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – September 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
controlled substances in violation of the DEA Suspension for Cause and corresponding suspension of Certificate of Registration No. CS11174.			
SK failed to timely renew his CS registration which expired on October 31, 2018 and wrote 70 prescriptions before renewing his CS registration on December 20, 2019.	N/A	Fined $5,000 and $500 in attorney's fees and costs.	N/A
JC failed at times to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed and administered to patients in compliance with NRS 454.213.(1), NRS 454.221 and/or NRS 454.316; and failed in one instance to record an expiration date on an opened multidose injectable vial in violation of NAC 639.67057(2).	N/A	Fined $1,500 and $1,000 in attorney's fees and costs.	N/A
RPH AB diverted controlled substances for personal use from several northern Nevada pharmacies where she was employed. She willfully made false statements in the course of the Board's investigation.	N/A	Revoked; fined $10,000 and $3,487.07 in attorney's fees and costs.	N/A
RPH JP verified data entry as accurate and final product a prescription as accurate when it was not, which resulted in the prescription being dispensed to the wrong patient.	N/A	JP fined $250 and $250 in attorney's fees and costs; 2 extra hours of CE on error prevention. RJ (PIC) fined $2,500; $250 in attorney's fees and costs.	Fined $2,500; $250 in attorney's fees and costs.
KA surrendered her DEA Certificate of Registration No. FA2275673 for cause on April 21, 2021.	N/A	Revoked.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – September 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SS was aware that two pharmaceutical technicians were unlawfully accessing the pharmacy premises including the pharmacy.	N/A	RPH SS revoked; the revocation is stayed and SS is placed on probation for one year. PT MT fined $900 and $246.12 in attorney's fees and costs; one year probation. PT KH fined $800 and $246.12 in attorney's fees and costs; one year probation.	Revoked; fined $10,400 and $2,000 in attorney fees and costs.
JO allowed a staff member to act as a dispensing technician without a renewed license/registration.	N/A	Fined $5,000 and attorney's fees and costs of $1,331.50.	N/A
GK the BME entered an order in Case No. 21-11804 and imposed discipline on GK's medical license no. 9735 for violations of NRS Chapter 630 related to prescribing controlled substances to treat acute or chronic pain. By violating NRS Chapter 630 and therefore violating 21 CFR § 1306.04(a), NRS 639.23507 and NRS 639.2391-23914, inclusive, GK has committed acts that render her registration to dispense controlled substances inconsistent with the public interest.	N/A	GK's CS registration is suspended. The suspension is stayed and her CS registration is placed on probation for a period of one year with conditions. GK fined $2,500, $1,000 in attorney fees and costs; establish policies and procedures.	N/A
DP unlawfully diverted, acquired, possessed and/or used dangerous drugs.	N/A	DP's expired CS registration is forfeited. DP fined $1,000 and $500 in attorney's fees and costs.	N/A
BH reprimanded for failure to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed and administered to patients in compliance with all	N/A	BH fined $2,500, $1,000 in attorney's fees and costs, establish policies and procedures.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – September 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
federal and state statutes and regulations regarding dangerous drugs.			
RK reprimanded for failure to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed, and administered to patients in compliance with all federal and state statutes and regulations regarding dangerous drugs.	N/A	RK fined $2,500, $1,000 in attorney's fees and costs; establish policies and procedures.	N/A
MA reprimanded for failure to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed, and administered to patients in compliance with all federal and state statutes and regulations regarding dangerous drugs.	N/A	MA fined $1,000, $1,000 in attorney's fees and costs; establish policies and procedures.	N/A
RH admitted to falsifying and forging prescriptions for himself and falsely documenting a registered APRN as the prescribing practitioner.	N/A	Revoked; fined $1,000.	N/A
SB-C verified data entry and final product of a prescription medication as accurate, when it was not, which resulted in the wrong medication dispensed to a pediatric patient resulting in hospitalization.	Hospitalization	SB-C fined $2,000, $598.00 in attorney's fees and costs, complete ten additional hours of CE.	Fined $3,000 and $1,000 in attorney's fees and costs.
JS admitted that evidence exists to establish a factual basis for alleged violations related to a dispensing error.	N/A	JS fined $250, $250 attorney's fees and costs, complete two additional CEs on error prevention.	Fined $1,000 and $1,000 in attorney's fees and costs.
SB-C and RN admit that evidence exists to establish a factual basis for alleged violations related to the dispensing of a duplicate	N/A	SB-C and RN shall each pay a $500fine, $500 attorney's fees and costs and complete two additional CEs on	Fined $500 and $500 in attorney's fees and costs.

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – September 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
prescription of a controlled substance.		recordkeeping and/or error prevention.	

5A

FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALMART, INC.,** **License Nos. PH02899, PH02072, PH02112, PH01660, PH01026, PH00816,** **Respondent.**	**CASE NO. 20-226-PH-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 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 Walmart, Inc. held pharmacy licenses issued by the Board for the following pharmacies located in Nevada:

- Walmart #05864 - License No. PH02899
- Walmart #03408 - License No. PH02072
- Walmart #03729 - License No. PH02112
- Walmart #03277 - License No. PH01660
- Walmart #02189 - License No. PH01026
- Walmart #01648 - License No. PH00816

FACTUAL ALLEGATIONS

2. Since approximately 2017, American Buffalo Xpress engaged in the business of receiving, storing and delivering prescription drugs for Walmart, Inc., from Sacramento, CA, into Nevada and to the Walmart pharmacies as alleged herein.

3. Walmart, Inc. contracted with Courier Express to deliver prescription drugs to their pharmacies in Northern Nevada. Courier Express then sub-contracted their prescription drug delivery services to Unity Courier Services, who then sub-contracted their services to American Buffalo Xpress. American Buffalo Xpress is not licensed to engage in business as an authorized warehouse in Nevada.

4. Beginning in August 2020, American Buffalo Xpress operated from Security Self Storage, 355 E. Greg Street, Sparks, Nevada, Unit #218; this facility lacked climate control or an alarm system.

5. On or about May 10, 2021, a Cease and Desist/Citation and Fine was issued pursuant to NRS 639.2895 and served upon American Buffalo Xpress alleging violations of Nevada law as set forth herein.

6. On or about June 4, 2021, American Buffalo Xpress appealed the Cease and Desist/Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

6. 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). A person must be licensed pursuant NAC 639.631 to engage in business as an authorized warehouse.

7. It is unlawful 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.

8. The facility of an authorized warehouse must comply with all regulatory requirements for the receipt, security, storage and shipment of prescription drugs. NAC 639.637-.640.

9. It is unlawful for any person to have in his or her possession, or under his or her control, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation or drug which is adulterated, has not been properly stored or refrigerated as required by its label, and no longer safe or effective for use. 21 U.S.C. § 331; 21 U.S.C. § 351; NRS 585.370; NRS 585.520; NRS 639.282(1)(e).

10. Performing any duties as the owner of a business or an entity licensed by the Board 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).

11. Aiding or abetting a person not licensed 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).

12. 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).

13. The Board may suspend or revoke a registration 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. NRS 639.210(12).

FIRST CAUSE OF ACTION
Violations of Federal and State Law

22. By utilizing American Buffalo Xpress to receive, store and deliver prescription drugs to its pharmacies in Northern Nevada, Walmart, Inc. violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 351, NRS 585.370, NRS 585.520, NRS 639.282(1)(e), NRS 639.233(1), NRS 639.288, NAC 639.631 and/or NAC 639.637-.640, and is subject to discipline pursuant to NRS 639.210(11) and (12).

SECOND CAUSE OF ACTION
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice/ Incompetent, Unskillful or Negligent Performance of Duties

23. By utilizing American Buffalo Xpress to receive, store and deliver prescription drugs to its pharmacies in Northern Nevada, Walmart, Inc., performed its duties as the owner of pharmacies licensed by the Board in an incompetent, unskillful or negligent manner, aided and abetted unlicensed activity, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (j), 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 pharmacy licenses of this Respondent.

Signed this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALMART, INC., License Nos. PH02899, PH02072, PH02112, PH01660, PH01026, PH00816, Respondent.	CASE NO. 20-226-PH-N STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, 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 23rd day of July, 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.** **WALMART, INC.,** **License Nos. PH02899, PH02072, PH02112, PH01660, PH01026, PH00816,** **Respondent.**	**CASE NO. 21-039-MP-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.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALMART, INC.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Shelley Tustison
Director of Compliance
Walmart Stores, Inc.
702 SW 8th Street
Bentonville, AR 72712

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALMART INC.,** **License Nos. PH02899, PH02072, PH02112, PH01660, PH01026, PH00816,** **Respondent.**	**CASE NO. 20-226-PH-N** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Walmart Inc., License Nos. PH02899, PH02072, PH02112, PH01660, PH01026, PH00816, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about July 23, 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.

3. Respondent is fully aware of the right to file an Answer and Notice of Defense to the Accusation prior to entering into this Stipulation.

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 the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the 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 acknowledges that the Board has entered the Findings of Fact, Conclusions of Law and Order attached hereto as Exhibit A against American Buffalo Xpress for unlicensed activity in Nevada.

8. Respondent asserts that American Buffalo Xpress did not handle any controlled substances (as defined in 21 U.S.C. § 802(6)) for Walmart Inc., and that Walmart Inc. discovered the licensing issue from the Board.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walmart Inc., License Nos. PH02899, PH02072, PH02112, PH01660, PH01026, PH00816, stipulate to the following penalties:

A. Respondent shall pay a fine of Two Thousand Dollars ($2000.00) per named pharmacy, for a total of Twelve Thousand Dollars ($12,000.00) 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;

B. Respondent shall pay Five Hundred Dollars ($500.00) 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; and

C. Respondent represents and warrants that it will take all reasonable corrective action necessary to ensure that Walmart Inc. contracts with and/or utilizes wholesalers and authorized warehouses licensed to engage in business in Nevada to deliver prescription drugs to their pharmacies in Nevada.

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 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 October 13, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

WALMART, INC.,
License Nos. PH02899, PH02072, PH02112, PH01660, PH01026, PH00816

Signed this ___ day of September, 2021

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Walmart, Inc., License Nos. PH02899, PH02072, PH02112, PH01660, PH01026, PH00816, in Case No. 20-226-PH-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October, 2021.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

FILED
SEP 3 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AMERICAN BUFFALO XPRESS,** **Respondent.**	**Case No. 20-226-N** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, September 1, 2021. Brett Kandt, Esq., prosecuted the case before the Board. Gerald Sargent appeared on behalf of Respondent American Buffalo Xpress. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The allegations against Respondent, as stated in the Statement to the Respondent and Notice of Hearing on file herein, and upon which the Board makes findings of fact, are as follows:

1. Pursuant to the authority and jurisdiction conferred upon the Board by NRS 639.2895, on or about May 10, 2021, a Cease and Desist/Citation and Fine was served upon American Buffalo Xpress alleging violations of Nevada law as set forth herein. On or about June 4, 2021, American Buffalo Xpress appealed the Cease and Desist/Citation and Fine and requested a hearing before the Board.

2. Since approximately 2017, American Buffalo Xpress engaged in the business of receiving, storing and delivering prescription drugs for Walmart, Inc., from Sacramento, CA, into Nevada and to the pharmacies located in Nevada:

- Walmart #05864 - License No. PH02899

- Walmart #03408 - License No. PH02072
- Walmart #03729 - License No. PH02112
- Walmart #03277 - License No. PH01660
- Walmart #02189 - License No. PH01026
- Walmart #01648 - License No. PH00816

3. Walmart, Inc. contracted with Courier Express to deliver prescription drugs to their pharmacies in Northern Nevada. Courier Express then sub-contracted their prescription drug delivery services to Unity Courier Services, who then sub-contracted their services to American Buffalo Xpress. American Buffalo Xpress is not licensed to engage in business as an authorized warehouse in Nevada.

4. Beginning in August 2020, American Buffalo Xpress operated from Security Self Storage, 355 E. Greg Street, Sparks, Nevada, Unit #218; this facility lacked climate control or an alarm system.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent pursuant to NRS Chapter 639, because at the time of the events herein, Respondent was engaged in the business of receiving, storing and delivering prescription drugs in Nevada.

2. By engaging in the business of receiving, storing and delivering prescription drugs for Walmart, Inc., to Walmart pharmacies in this State without a license to engage in business as an authorized warehouse in Nevada, American Buffalo Xpress violated NRS 639.100, NRS 639.233 and/or NAC 639.631-.644.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The CITATION AND FINE is upheld, and Respondent shall pay the fine of Five-Thousand Dollars ($5,000.00) assessed for the violations, 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.

2. General counsel is hereby authorized, if necessary, to bring an action against Respondent for injunctive relief pursuant to NRS 630.097, to bring a civil action for recovery of the fine pursuant to NRS 639.300, and/or to refer this matter for criminal prosecution pursuant to NRS 639.285 and/or NRS 639.310.

3. This Order constitutes a final decision in a contested case and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

4. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 14th day of September, 2021.

Helen Park, Pharm.D.
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 3rd day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Gerald Sargent
630 Lander Street
Reno NV 89509

BRETT KANDT

5B

FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIMBERLY A. ASTORINO, RPH,** **Certificate of Registration No. 11536,** **Respondent.**	**CASE NO. 18-051-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under 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 Kimberly A. Astorino, RPh, Certificate of Registration No. 11536, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed by Sam's Club Pharmacy #10-8177, License No. PH01488, located at 5101 S Pecos Road in Las Vegas, at the time of the events alleged herein.

3. On May 21, 2018, a prescription for amoxicillin 250mg/5ml oral suspension for infant patient R.S. was submitted to Sam's Club Pharmacy #10-8177. The computer system designated the prescription as no. 6930096.

4. Respondent directed Crystal Ledesma, PT, Certificate of Registration No. PT15232, to reconstitute the medication for prescription no. 6930096 with an open and partially-consumed bottle of drinking water.

5. Sam's Club Pharmacy #10-8177 dispensed prescription no. 6930096 on May 22, 2018.

6. Pharmaceutical technician Ledesma reported the incident to the managing pharmacist. After the subsequent investigation produced evidence of Respondent's misconduct and Respondent admitted to her misconduct, Sam's Club Pharmacy #10-8177 terminated Respondent's employment on June 7, 2018.

FIRST CAUSE OF ACTION
Dispensing Adulterated Pharmaceutical Preparation

7. It is unlawful for any person to sell or dispense any pharmaceutical preparation or drug which is adulterated. 21 U.S.C. § 331; 21 U.S.C. § 351; NRS 585.370; NRS 585.520(1); NRS 639.282(1)(d). Additionally, NAC 639.252 states in relevant part:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, ***the pharmacist supervising the pharmaceutical technician*** is responsible for the filled prescription, including, but not limited to, verifying:
> (a) The selection and strength of the drug;
> (b) The dosage form; and
> (c) The labeling of the prescription.

NAC 639.252(2) (emphasis added.)

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).

9. 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).

10. Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 351, NRS 585.370, NRS 585.520(1) and/or NRS 639.282(1)(d) when she directed pharmaceutical technician Ledesma to reconstitute the medication for prescription no. 6930096 with an open and partially-consumed bottle of drinking water. Respondent is therefore subject to discipline pursuant to NAC 639.252(2) and NRS 639.210(11) and (12).

SECOND CAUSE OF ACTION

Unprofessional Conduct

11. Failing to strictly follow the instructions of a practitioner when filling, labeling, and dispensing a prescription constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(d) and is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(4).

12. 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).

13. Respondent engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she directed pharmaceutical technician Ledesma to reconstitute the medication for prescription no. 6930096 with an open and partially-consumed bottle of drinking water. Respondent is therefore subject to discipline pursuant to NAC 639.252(2) and NRS 639.210(4).

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.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **KIMBERLY A. ASTORINO, RPH,** **Certificate of Registration No. 11536,** **Respondent.**	CASE NO. 18-051-RPH-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, 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 23RD day of July, 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, 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kimberly A. Astorino, R.Ph.
[redacted] East Moberly Avenue
Las Vegas,NV, 89123

SHIRLEY HUNTING

FILED
AUG 06 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF NEVADA

NEVADA STATE BOARD OF PHARMACY Petitioner, vs. KIMBERLY ASTORINO, RPH Certificate of Registration No. 11536, Respondent.	CASE NO.: 18-051-RPH-S ANSWER TO NOTICE OF INTENDED ACTION AND ACCUSATION

Kimberly Astorino, RPH, ("Ms. Astorino"), by and through her counsel of record MURPHY JONES APC, in answer to the Notice of Intended Action and Accusation ("Accusation") filed in the above-entitled matter before the Nevada State Board of Pharmacy ("Board"), declares:

1. That her objection to the Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds:

Vague, Ambiguous, Lacks Specificity and/or Detail,

2. That, in answer to the Accusation, Ms. Astorino admits, denies, and alleges as follows:

Ms. Astorino has retained legal counsel who is conducting an independent investigation into the allegations espoused in the Accusation. Ms. Astorino requests a hearing in the matter, on the merits of the case, and will provide additional information and produce relevant documentation after her legal counsel has been afforded the opportunity to adequately prepare a defense to the Accusation. With the afore-referenced reservation, Ms. Astorino admits and denies the allegations espoused in the Notice of Intended Action and Accusation as follows:

I.

Ms. Astorino admits that the Board has jurisdiction over this matter.

II - VI.

Ms. Astorino is without knowledge or information sufficient to form a belief as to the truth or falsity of the allegations contained in paragraphs II – VI and therefore denies the same.

FIRST CAUSE OF ACTION
(Dispensing Adulterated Pharmaceutical Preparation)

Ms. Astorino states that the allegations contained in paragraph VII - X contains legal conclusions therefore denies the same.

SECOND CAUSE OF ACTION
(Unprofessional Conduct)

Ms. Astorino states that the allegations contained in paragraph XI - XIII contains legal conclusions therefore denies the same.

AFFIRMATIVE DEFENSES

FIRST AFIRMATIVE DEFENSE

1. Complainant fails to state a claim upon which relief can be granted.

SECOND AFIRMATIVE DEFENSE

2. Complainant's causes of action are barred by applicable statute of limitations

THIRD AFIRMATIVE DEFENSE

3. Complainant's causes of action are barred by the doctrine of unclean hands.

FOURTH AFIRMATIVE DEFENSE

4. Complainant's causes of action are barred by the doctrine of laches.

FIFTH AFIRMATIVE DEFENSE

5. Complainant's causes of action are barred by the doctrines of estoppel and/or waiver.

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SIXTH AFIRMATIVE DEFENSE

6. The facts not having been fully developed. Respondent further affirmatively pleads the following affirmative defenses as may be applicable in this action: accord and satisfaction, arbitration and award, assumption of risk, contributory negligence, discharge in bankruptcy, duress, estoppel, failure of consideration, fraud, illegality, injury by fellow servant, laches, license, payment, release, res judicata, statute of frauds, statute of limitations, waiver, and any other matter constituting an avoidance or affirmative defense.

DATED: August 6, 2021

By: _____
Kathleen M. Jones, Esq.
Attorney for Respondent
Kimberly Astorino, RPH

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FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT WEBB, PA,** **Certificate of Registration Nos. CS00063 and CS19994,** **Respondent.**	**CASE NO. 18-115-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Robert Webb, PA, held controlled substance registrations, Certificate of Registration Nos. CS00063 and CS19994, and a dispensing practitioner registration, Certificate of Registration No. PD00663, both issued by the Board.

FACTUAL ALLEGATIONS

2. At the time of the events alleged herein, Respondent owned, operated and/or served as the medical director of CIMA Medical Center, located at 1321 S Rainbow Blvd., Suite 101 in Las Vegas, and held Certificate of Registration Nos. CS00063 and PD00663 for that practice location. Certificate of Registration No. PD00663 expired October 31, 2020 and was not renewed.

3. At the time of the events alleged herein, Respondent owned, operated and/or served as the medical director of Modern Wellness Clinic, located at 1321 S Rainbow Blvd., Suite 280 in Las Vegas.

4. Respondent's son, Robert Webb, Jr. was the operations and marketing manager of Modern Wellness. Robert Webb, Jr. is not a licensed practitioner in Nevada.

5. Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of CIMA Medical Center and Modern Wellness Clinic in 2018 and identified numerous violations of Federal and State law.

6. Respondent permitted Robert Webb, Jr. and/or other unlicensed persons to act under his authority to operate CIMA Medical Center and/or Modern Wellness Clinic and to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and/or 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 controlled substance or dangerous drug was medically necessary.

7. Respondent unlawfully issued one-hundred and eighty-four prescriptions for controlled substances and three-hundred and ninety-four prescriptions for dangerous drugs while traveling outside of the U.S. from July 8-14, 2017, July 21-August 2, 2017, and March 1-6, 2018, by pre-signing prescriptions, providing his log-on information to e-scribing systems to unauthorized persons, and/or failing to secure his secondary authenticator for e-scribing controlled substances.

8. The investigation also revealed that Respondent possessed pre-drawn, unlabeled syringes containing dangerous drugs intended for micronutrient infusion therapies.

9. The investigation also revealed that dangerous drugs at CIMA Medical Center and/or Modern Wellness Clinic 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. Respondent failed to renew his dispensing practitioner registration, Certificate of Registration No. PD00663, which expired on October 31, 2020.

11. On or about March 19, 2021, Respondent entered in a Memorandum of Agreement with the United State Attorney's Office for the District of Nevada and the Drug Enforcement Administration (DEA) regarding Respondent's alleged failure to comply with the Federal requirements pertaining to controlled substances under Respondent's DEA Certificate of Registration No. MW0171291.

APPLICABLE LAW

12. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

13. No person, including, without limitation, a physician assistant, may possess, administer, furnish, prescribe or dispense a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.232; NRS 453.321(1)(a); NRS 453.377; NRS 453.381; NRS 639.100; NRS 639.1373; NRS 639.23505; NAC 639.280.

14. No person, including, without limitation, a physician assistant, may possess, administer, furnish, prescribe or dispense a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321; NRS 454.356; NRS 639.100; NRS 639.1373; NRS 639.23505; NAC 639.280.

15. 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); 21 CFR § 1306.04(a); 21 CFR § 1306.05; NRS 453.226(1); NRS 453.321(1)(a); NRS 453.381(1); NRS 639.100(1); NRS 639.235(1); NAC 639.280(1)(a).

16. It is a felony offense to falsify a prescription for a controlled substance, falsely representing oneself as a practitioner entitled to write prescriptions, or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); 453.321(1)(a); NRS 453.331(1)(c), (d), (f), (h) and (i); NRS 639.281(1); NRS 639.2813(1).

17. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

18. All controlled substances and dangerous drugs in the possession of a physician assistant must be kept in a locked storage area with access restricted to authorized persons. 21 CFR § 1301.71; NAC 639.285.

19. It is unlawful for any person to have in his or her possession, or under his or her control, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation or drug which is no longer safe or effective for use, as indicated by the expiration date appearing on its label, or adulterated or misbranded. 21 U.S.C. § 331; 21 U.S.C. § 351; 21 U.S.C. § 352; 21 CFR § 211.137; NRS 585.370; NRS 585.420; NRS 585.520; NRS 639.282(1)(d).

20. 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).

21. 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).

22. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner 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).

23. 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).

24. Prescribing a drug as a prescribing practitioner to any patient with whom the 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)(o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

25. 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).

26. 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).

27. 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)(e) and NRS 453.241(1).

FIRST CAUSE OF ACTION
Violations of Federal Controlled Substances Act

28. By permitting unauthorized persons to act under his authority to operate CIMA Medical Center and/or Modern Wellness Clinic and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances to patients with whom Respondent had not established a *bona fide* therapeutic relationship, and by unlawfully issuing prescriptions for

controlled substances while traveling outside of the U.S., as alleged herein, Respondent 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), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1) 21 CFR § 1306.04(a) and/or 21 CFR § 1306.05, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

SECOND CAUSE OF ACTION
Violations of State Law

29. By permitting unauthorized persons to act under his authority to operate CIMA Medical Center and/or Modern Wellness Clinic and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances and dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, and by unlawfully issuing prescriptions for controlled substances and dangerous drugs while traveling outside of the U.S., as alleged herein, Respondent 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 453.377, NRS 453.381(a), NRS 453.401(l)(a), NRS 454.213(1), NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 454.356, NRS 639.100, NRS 639.235(1), NRS 639.1373, NRS 639.23505, NRS 639.281(1), NRS 639.2813(1) and/or NAC 639.280, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

THIRD CAUSE OF ACTION
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

30. By permitting unauthorized persons to act under his authority to operate CIMA Medical Center and/or Modern Wellness Clinic and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances and dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, and by unlawfully issuing prescriptions for controlled substances and dangerous drugs while traveling outside of the U.S., as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest

pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

31. By permitting unauthorized persons to act under his authority to operate CIMA Medical Center and/or Modern Wellness Clinic and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances and dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, and by unlawfully issuing prescriptions for controlled substances and dangerous drugs while traveling outside of the U.S., as alleged herein, Respondent aided and abetted 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).

FIFTH CAUSE OF ACTION

Unprofessional Conduct – Unlawfully Prescribing Without Bona Fide Therapeutic Relationship

32. By prescribing controlled substances and dangerous drugs for 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, as alleged herein, 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).

SIXTH CAUSE OF ACTION

Violations of Law - Failure to Properly Label, Store and Secure Drugs

33. By permitting unrestricted and unsecured access to the stock of dangerous drugs at his practices and failing to properly label drugs and/or segregate and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, Respondent

violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 351, 21 U.S.C. § 352, 21 CFR § 211.137, NRS 585.370, NRS 585.420, NRS 585.520, NRS 639.282(1)(d), NAC 639.285(1) and/or NAC 639.601(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

SEVENTH CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

34. By his actions as alleged in the first through sixth 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).

EIGHTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

35. By his actions as alleged in the first through seventh causes of action and his numerous violations of Federal and State law, Respondent has committed acts that would render his Nevada controlled substance registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) 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.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ROBERT WEBB, PA, Certificate of Registration No. CS19994, Respondent.	CASE NOS. 18-115-CS-S STATEMENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, 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 23rd day of July, 2021.

J. David Wigest, 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, 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Robert Webb, PA
3115 S Eastern Avenue
Las Vegas,NV, 89169

SHIRLEY HUNTING

FILED
AUG 27 2021
NEVADA STATE BOARD OF PHARMACY

COOK & KELESIS, LTD.
KATHLEEN JANSSEN, ESQ.
Nevada Bar No. 5026
517 South 9th Street
Las Vegas, Nevada 89101
Telephone : (702) 737-7702
Attorneys for Respondent
Robert Webb, P.A.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. ROBERT WEBB, P.A., Certificate of Registration Nos. CS00063 and CS 19994 Respondent.	CASE NO. 18-115-CS-S

ANSWER AND NOTICE OF DEFENSE

Respondent ROBERT WEBB, P.A. ("PA Webb), by and through his attorney of record, Kathleen Janssen, Esq., of Cook & Kelesis, Ltd., in answer to the Notice of Intended Action and Accusation ("the Notice") filed in the above-captioned matter before the Nevada State Board of Pharmacy ("Board") declares:

INTRODUCTION

A. That his objection to the Notice as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: None except as otherwise provided below in this Answer and Notice of Defense.

B. That a hearing in this matter is scheduled for the October 13, 2021 Board meeting.

ANSWER

A. That in answer to the Notice, PA Webb admits, denies and alleges as follows:

1. In answering Paragraph 1 of the Notice, PA Webb admits the allegations contained therein.

2. In answering Paragraphs 2, 3, and 4, PA Webb admits the allegations contained therein.

3. In answering Paragraph 5, PA Webb admits that in 2018, investigators from the Board, NSBME, and DEA appeared at the same time and on the same day at CIMA Medical Center and Modern Wellness Clinic, but PA Webb is without knowledge or information sufficient to form a belief as to the truth or falsity of the remaining allegations contained therein, and therefore denies the same.

4. In answering Paragraphs 6 and 7, PA Webb denies these allegations and/or is without knowledge or information sufficient to form a belief as to their truth or falsity, and therefore denies the same. That being said, there had been functionality issues with CIMA Medical Center's EMR and its e-prescribe application. Although the EMR system only allowed licensed providers to e-prescribe controlled substances as it requires an access code, providers that were still in the process of being credentialed with all payers, but that were already credentialed with Medicare and Medicaid, were sometimes unable to get full use of the EMR and its e-prescribe application. Those functionality issues, combined with good intentions to maintain continuity of care for established patients, may have resulted in mistakes being made when PA Webb was out of town. However, all patients had an existing bona fide therapeutic relationship with PA Webb and/or the other treating providers, the treating providers were all licensed practitioners, the prescriptions were written by licensed practitioners who had their own DEA registrations and Nevada Controlled Substance registrations, the rendered diagnosis for the patients were legitimate and not pre-textual, and the patient exams were adequate and appropriate based on the patient's complaint/condition.

5. In answering Paragraphs 8 and 9, PA Webb denies these allegations and/or is without knowledge or information sufficient to form a belief as to their truth or falsity, and therefore denies the same. That being said, PA Webb voluntarily chose not to renew his dispensing registration which expired in October of 2020.

6. In answering Paragraph 10, PA Webb admits that he did not renew his dispensing registration which expired on October 31, 2020, but PA Webb is without knowledge or

information sufficient to form a belief as to the truth or falsity of the remaining allegations contained therein, and therefore denies the same.

7. In answering Paragraph 11, PA Webb alleges that the allegations contain therein are overgeneralizations to the extent that this answering Respondent is unable to adequately formulate a response and, on that basis, denies each and every allegation contained therein. That being said, PA Webb continues to maintain an active and unrestricted DEA Certificate of Registration.

8. In answering Paragraphs 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26 and 27, PA Webb admits that any statute or regulation speaks for itself, but denies the remainder of the allegations.

9. In answering Paragraphs 28, 29, 30, 31, 32, 33, 34 and 35, PA Webb states that the allegations contained therein contain legal conclusions and therefore he denies them.

AFFIRMATIVE DEFENSES

1. Remedial actions were enacted once PA Webb learned of the alleged violations so that such alleged violations did not occur again. To the best of his knowledge, during the 3+ years since these allegations were first alleged by the Board, there have been no similar, new or additional allegations made to or by the Board. Further, PA Webb voluntarily chose not to renew his dispensing registration in October of 2020 and he sold CIMA Medical Center (all locations) in May of 2021. He is now the Medical Director at Modern Wellness Clinic located at 5375 S. Ft. Apache Rd, Suite 102, Las Vegas, NV 89148 where he has a much smaller practice and thus, personally sees all of the patients being treated there.

2. At all times relevant to this action, PA Webb was acting in good faith and believing his actions were legally compliant and in the best interests of his patients.

3. Any allegations contained in the Notice, even if true, were not the result of willful, malicious or deliberate conduct by PA Webb.

4. The Notice fails to state a claim warranting the relief for which it prays.

5. Relief is barred by the doctrine of waiver.

6. Relief is barred by the doctrine of estoppel.

7. The Board cannot prove the necessary state of mind to warrant discipline.

8. The statutes and regulations the Board seeks to enforce are void for vagueness facially and as applied.

9. The Notice is barred by the doctrine of laches.

10. The applicable statute of limitations bars the Notice and the purported claims for relief contained therein.

11. All affirmative defenses contained in NRCP 8 are incorporated herein by reference.

WHEREFORE, PA Webb requests that no disciplinary action be taken against him and the Notice be dismissed.

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 25 day of August 2021.

ROBERT WEBB, P.A.

Submitted by:

COOK & KELESIS, LTD.

By: _____
KATHLEEN JANSSEN, ESQ.
Nevada Bar No. 5026
517 South 9th Street
Las Vegas, Nevada 89101
Attorneys for Respondent Webb

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of COOK & KELESIS, LTD., and that on the 26th day of August, 2021, I served the above and foregoing **ANSWER AND NOTICE OF DEFENSE** via United States Mail on the NEVADA STATE BOARD OF PHARMACY listed below by placing the original and one (1) true and correct copies thereof in the United States Mail, with first class postage fully prepaid thereon, addressed as follows:

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

A courtesy copy of the Answer and Notice of Defense was also emailed the same day to Brett Kandt, General Counsel, Nevada State Board of Pharmacy at bkandt@pharmacy.nv.gov.

An Employee of Cook & Kelesis, Ltd.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT WEBB, PA,** **Certificate of Registration Nos. CS00063 and CS19994,** **Respondent.**	**CASE NO. 18-115-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Robert Webb, PA, Certificate of Registration Nos. CS00063 and CS19994, by and through counsel, Kathleen Janssen, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about July 23, 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.

3. On or about August 27, 2021, 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. The Fifth Cause of Action against Respondent, Paragraph 32 of the Accusation, is hereby dismissed pursuant to NRS 622A.320(4).

8. Respondent 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 Respondent:

A. Permitted unauthorized persons to act under his authority to operate CIMA Medical Center and/or Modern Wellness Clinic and to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and controlled substances in violation of 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), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1) 21 CFR § 1306.04(a) and/or 21 CFR § 1306.05, NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.377, NRS 453.381(a), NRS 453.401(l)(a), NRS 454.213(1), NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 454.356, NRS 639.100, NRS 639.235(1), NRS 639.1373, NRS 639.23505, NRS 639.281(1), NRS 639.2813(1) and/or NAC 639.280;

B. Engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h) (i) and (j);

C. Permitted unrestricted and unsecured access to the stock of dangerous drugs at his practices and failed to properly label drugs and/or segregate and/or dispose of

adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, in violation of 21 U.S.C. § 331, 21 U.S.C. § 351, 21 U.S.C. § 352, 21 CFR § 211.137, NRS 585.370, NRS 585.420, NRS 585.520, NRS 639.282(1)(d), NAC 639.285(1) and/or NAC 639.601(1); and

D. Committed acts that would render his Nevada controlled substance registration inconsistent with the public interest.

9. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210 and NRS 639.255.

10. 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, and with the understanding that all agreements and any admissions made by Respondent are solely for final disposition of this case and for no other purpose, the Board and Respondent stipulate to the following penalties. The registrations of Robert Webb, PA, Certificate of Registration Nos. CS00063 and CS19994, are hereby suspended. The suspensions are stayed, and Respondent is placed on probation for two (2) years, subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner under NRS Chapter 453, Chapter 454, and Chapter 639;

B. Respondent shall pay a fine of Five Thousand Dollars ($5000.00) 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 within his practice to ensure that controlled substances and controlled substances are purchased, accessed, stored, possessed, administered, furnished, prescribed and/or dispensed in conformance with federal and State law;

E. Respondent shall not dispense controlled substances or dangerous drugs without first obtaining a dispensing practitioner registration from the Board; and

F. Respondent shall have no new charges filed against him while on probation.

11. Upon successful completion of probation, Respondent's Certificate of Registration Nos. CS00063 and CS19994 will be fully restored.

12. 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 Nos. CS00063 and CS19994. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

13. 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 October 13, 2021. Respondent may 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.

14. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

15. 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.

16. 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 16 day of September, 2021

ROBERT WEBB, PA,
Certificate of Registration Nos. CS00063 and CS19994

Signed this ___ day of September, 2021

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 16 day of September, 2021

KATHLEEN JANSSEN, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Robert Webb, PA, Certificate of Registration Nos. CS00063 and CS19994, in Case No. 18-115-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 October, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5D

FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. AKINDELE E. KOLADE, MD, Certificate of Registration No. CS21917, JEAN-MARIE SWAINE, APRN, Certificate of Registration No. CS24065, and NNENNA A. OLUBAJO, APRN, Certificate of Registration No. CS27850, Respondents.	Case Nos. 19-237-CS-A-S 19-237-CS-B-S 19-237-CS-C-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 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 Akindele E. Kolade, MD (Kolade), held a controlled substance registration, Certificate of Registration No. CS21917; Respondent Jean-Marie Swaine, APRN (Swaine), held a controlled substance registration, Certificate of Registration No. CS24065; and Respondent Nnenna A. Olubajo, APRN (Olubajo), held a controlled substance registration, Certificate of Registration No. CS27850, all issued by the Board.

FACTUAL ALLEGATIONS

2. Kolade unlawfully issued thirteen (13) prescriptions for controlled substances while engaged in overseas travel, to patients with whom he did not have a bona fide therapeutic

relationship, by pre-signing prescriptions and/or providing a signature stamp to Swaine and Olubajo. Prescriber records and prescriptions document that Swaine and Olubajo unlawfully issued these controlled substance prescriptions under Kolade's name and credentials while Kolade was traveling outside of the U.S. in April 2018, October 2018, and February 2019,

3. Olubajo prescribed controlled substances and dangerous drugs prior to being registered to do so. Prescriber records and prescriptions document a total of eight (8) controlled substance prescriptions written prior to October 17, 2018, when Olubajo was issued Certificate of Registration No. CS27850.

APPLICABLE LAW

4. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03-§ 1306.05; NRS 453.226(1); NRS 453.232; NRS 453.321(1)(a); NRS 453.377; NRS 453.381; NRS 639.100(1); NRS 639.235(1); NAC 453.440.

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); 21 CFR § 1306.04(a); NRS 453.381(1).

6. An advanced practice registered nurse may only prescribe controlled substances with authorization from both the Board and the State Board of Nursing. NRS 639.2351; NAC 639.854.

7. It is a felony offense to falsify a prescription for a controlled substance. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1) (f) and (h).

8. 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 639.281(1); NRS 453.331(1)(c); NRS 639.2813(1).

9. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

10. 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).

11. 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).

12. Performing any act, task or operation for which licensure is required without the required registration constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

13. Prescribing a drug as a prescribing practitioner to a patient with whom the 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)(o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. 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).

15. 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).

16. 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
Violations of Federal Controlled Substances Act

17. By issuing controlled substance prescriptions under Kolade's name and credentials while Kolade was engaged in overseas travel, to patients with whom he did not have a bona fide therapeutic relationship, as alleged herein, Kolade, Swaine and Olubajo 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), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a) and/or 21 CFR § 1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SECOND CAUSE OF ACTION
Violations of State Law

18. By issuing controlled substance prescriptions under Kolade's name and credentials while Kolade was engaged in overseas travel, to patients with whom he did not have a bona fide therapeutic relationship, as alleged herein, Kolade, Swaine and Olubajo 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 453.331(1) (f) and (h), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1) and/or NAC 453.440(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

THIRD CAUSE OF ACTION
Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties

19. By issuing controlled substance prescriptions under Kolade's name and credentials while Kolade was engaged in overseas travel, to patients with whom he did not have a bona fide therapeutic relationship, as alleged herein, Kolade, Swaine and Olubajo were party to a fraudulent or deceitful practice or transaction, performed their duties as the holders of controlled substance registrations in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and (i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION
Unprofessional Conduct – Prescribing Without Bona Fide Therapeutic Relationship
(Respondent Akindele E. Kolade, MD)

20. By prescribing controlled substances for patients with whom he had not established a bona fide therapeutic relationship, before he had examined the patients and without his direct supervision, and for whom he had neither diagnosed or determined that a controlled substance was medically necessary, as alleged herein, Kolade engaged in unprofessional conduct and conduct contrary to the public interest in violation of 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 Federal and State Law for Unlicensed Prescribing
(Respondent Nnenna A. Olubajo, APRN)

21. By prescribing controlled substances prior to being registered to do so, as alleged herein, Olubajo 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), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a), NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1)(c), (f) and (h), NRS 453.381(1), NRS 453.401(l)(a), NRS

639.100(1), NRS 639.235(1), NRS 639.2351, NRS 639.281(1), NRS 639.2813(1), NAC 453.440(1)(c) and/or NAC 639.854, and is subject to discipline pursuant to NRS 639.210(11) and (12).

SIXTH CAUSE OF ACTION

Unprofessional Conduct – Unlicensed Prescribing/ Party to a Fraudulent/Deceitful Practice/Transaction/ Incompetent, Unskillful or Negligent Performance of Duties
(Respondent Nnenna A. Olubajo, APRN)

22. By prescribing controlled substances prior to being licensed to do so, as alleged herein, Olubajo was a party to a fraudulent or deceitful practice or transaction, performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), (i) and (k), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SEVENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By their actions as alleged herein, Kolade, Swaine and Olubajo have committed acts that render their registrations to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) 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 these Respondents.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **AKINDELE E. KOLADE, MD,** **Certificate of Registration No. CS21917,** **Respondent.**	CASE NO. 19-237-CS-A-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, 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 23rd day of July, 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 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Akindele E. Kolade, MD
3201 S Maryland Pkwy #318
Las Vegas, NV 89109

KRISTOPHER MANGOSING

FILED
AUG 16 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. AKINDELE E. KOLADE, MD, Certificate of Registration No. CS21917, Respondent.	CASE NO. 19-237-CS-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").

See attached.

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

See attached.

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 3rd day of August, 2021.

AKINDELE E. KOLADE, MD

Maria Nutile, Esq.
Nevada Bar No.: 7847
Bridget Kelly, Esq.
Nevada Bar No.: 14388
NUTILE LAW
7395 S. Pecos Rd., Suite 103
Las Vegas, Nevada 89120
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bridget@nutilelaw.com

Attorneys for Akindele Kolade, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. AKINDELE KOLADE, M.D. Certificate of Registration No. CS21917, Respondent.	CASE NO.: 19-237-CS-A-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada State Board of Pharmacy (the "Board"), declares:

1. That his objections to the Notice of Intended Action and Accusation ("Notice") as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds:

a. As alleged, the allegations in Paragraph 2, as reflected in the First, Second, Third, Fourth, and Seventh Causes of Action, violate Dr. Kolade's Sixth Amendment rights and are unconstitutionally vague because they fail to apprise the Respondent, with reasonable certainty, of the allegations against him and, thus, deprive him of the ability to prepare a defense. *United States v. Estrada-Iglesias*, 425 F. Supp. 3d 1265, 1269 (D. Nev. 2019). Paragraph 2 generally alleges that Dr. Kolade unlawfully issued thirteen (13) controlled substance prescriptions while

outside the United States in April 2018, October 2018, and February 2019, by means of pre-signing and/or providing a signature stamp. By failing to identify specific persons and instances on dates certain, the Notice of Intended Action and Accusation deprives Respondent of the ability to defend himself adequately.

b. The purpose of the foregoing paragraph was to place the Board on notice of Respondent's legal objections to its Notice. Respondent respectfully reserves the right to brief further and expand upon these objections at the appropriate juncture, if necessary.

2. That, in answer to the Notice, he admits, denies, and alleges as follows:

a. As a preliminary issue, Respondent, Jean-Marie Swaine, APRN (CS24065), and Nnenna A. Olubajo, APRN (CS27850) are not jointly defended in this matter. APRN Swaine and APRN Olubajo are former independent contractors (not employees) of Dr. Kolade's practice, Cal Psychiatric Services ("Practice"). Respondent therefore responds to the allegations in the Notice only as to himself, and submits no response on behalf of APRN Swaine or APRN Olubajo.

b. With regard to Paragraph 1, Respondent admits that the Board has jurisdiction over this matter as to himself, and that Respondent held and still holds Certificate of Registration No. CS21917.

c. With regard to Paragraph 2:

i. Respondent denies that he unlawfully issued thirteen (13) prescriptions ("Prescriptions").

ii. To the extent Respondent is able to reasonably predict the Prescriptions and patients ("Patients") to which the Board is referring—based upon previous correspondence with the Board and the time frames specified in the Notice—Respondent asserts that he did in fact have a "bona fide therapeutic relationship," as defined in NAC 639.945(3) with each of the Patients at the time the Prescriptions were written.

iii. Dr. Kolade admits he was travelling outside the United States during parts of April 2018, October 2018, and February 2019, but denies pre-signing any prescriptions or "providing a signature stamp to Swaine and Olubajo."

iv. As the result of the Board's investigation in this matter, Dr. Kolade is aware that a stamp bearing his signature appears to have been used for some prescriptions issued to patients of APRN Swaine in February 2019 (presumably

these are included in the Prescriptions). As Dr. Kolade has previously informed the Board, and provided written documentation of the same, he had filed a report with the Las Vegas Metropolitan Police Department in May 2019 that he had been a victim of theft and forgery in February 2019. A signature stamp of Dr. Kolade's, which had been secured inside his personal office and desk along with checks that had been stolen, has also been missing since February 2019 when the stamped Prescriptions were issued. Dr. Kolade asserts he never authorized or enabled APRN Swaine, APRN Olubajo, or any other practitioner or staff to access or utilize his signature stamp for any prescriptions.

v. The remainder of Paragraph 2 does not contain allegations against the Respondent. To the extent an answer is required, the Respondent denies the remaining allegations in this paragraph.

d. Paragraph 3 does not contain allegations against the Respondent. To the extent an answer is required, the Respondent denies the allegations in this paragraph.

e. The allegations in Paragraphs 4 through 16 contain conclusions of law for which no answer is required.

f. For the reasons set forth in Section 2(c) above, Respondent denies the allegations in the First, Second, Third, Fourth Causes of Action set forth in paragraphs 17 through 20.

i. Specifically, and as discussed above, to the extent Dr. Kolade is able to correctly ascertain the Prescriptions to which the Notice refers, Dr. Kolade had personally examined each of the Patients within the six (6) months preceding each of the Prescriptions as required for a "bona fide therapeutic relationship" defined in NAC 639.945(3); in most cases, the Patients were seen by Dr. Kolade within the three (3) months preceding the applicable Prescription.

ii. Dr. Kolade denies any aiding, abetting, or conspiring with regards to the alleged actions of APRN Swaine and/or APRN Olubajo. As noted above, APRN Swaine and APRN Olubajo were at various times independent contractors of the Practice, and independent practitioners by virtue of their licenses with the Nevada State Board of Nursing. As there was neither an employer-employee relationship nor a supervisor-supervisee relationship between Dr. Kolade and either

APRN Swaine or APRN Olubajo, Dr. Kolade did not control or direct their activities or professional judgment.

g. Paragraphs 21 and 22 do not contain allegations against the Respondent. To the extent an answer is required, the Respondent denies the allegations in these paragraphs.

h. With regard to Paragraph 23, Respondent denies the allegations contained therein.

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 best of my knowledge.

Dated this 2nd day of August, 2021.

AKINDELE KOLADE, M.D.

On behalf of Respondent:

NUTILE LAW

Maria Nutile, Esq.
Nevada Bar No.: 7847
Bridget Kelly, Esq.
Nevada Bar No.: 14388
NUTILE LAW
7395 S. Pecos Rd., Suite 103
Las Vegas, Nevada 89120
Telephone: (702) 307-4880
Facsimile: (702) 307-4881
Email: maria@nutilelaw.com
bridget@nutilelaw.com

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of NUTILE LAW, and that on this 16th day of August 2021, I caused to be filed via email an electronic copy of the foregoing Answer and Notice of Defense to each of the following at the Nevada State Board of Pharmacy:

1. Brett Kandt, Esq., General Counsel, bkandt@pharmacy.nv.gov ; and
2. Kristopher Mangosing, Asst. Board Coordinator, kmangosing@pharmacy.nv.gov.

/s/ Bridget Kelly
An employee of NUTILE LAW

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AKINDELE E. KOLADE, MD,** **Certificate of Registration No. CS21917,** **JEAN-MARIE SWAINE, APRN,** **Certificate of Registration No. CS24065, and** **NNENNA A. OLUBAJO, APRN,** **Certificate of Registration No. CS27850,** **Respondents.**	**Case Nos. 19-237-A-S** **19-237-B-S** **19-237-C-S** **STIPULATION AND ORDER** **(Respondent Kolade ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Akindele E. Kolade, MD, Certificate of Registration No. CS21917, by and through counsel**,** Maria Nutile, Esq. and Bridget Kelly, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about July 23, 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.

3. On or about August 16, 2021, 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 the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the 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 admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. Respondent pre-signed prescriptions and/or provided a signature stamp to Respondents Jean-Marie Swain, APRN, and Nnenna A. Olubajo, APRN, permitted Swain and Olubajo to unlawfully issue controlled substance prescriptions under Kolade's name and credentials while Kolade was engaged in overseas travel, in violation of 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), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a), 21 CFR § 1306.05, NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1) (f) and (h), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1) and/or NAC 453.440(1)(c), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and/or (12);

B. Respondent was party to a fraudulent or deceitful practice or transaction, performed his duties as the holder of controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the

public interest in violation of NAC 639.945(1)(h) and (i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4); and

C. 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)(e) 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 Akindele E. Kolade, MD, Certificate of Registration No. CS21917, is hereby suspended. The suspension is stayed, and Respondent is placed on probation for two (2) years, 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;

B. Respondent shall pay a fine of Five-Thousand Dollars ($5000.00) 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 Two-Thousand Dollars ($2000.00) 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; and

D. Respondent shall comply with all federal and state statutes and regulations

regarding controlled substances and dangerous drugs, and have no new charges filed against him by the Board while on probation.

10. Upon successful completion of probation, Respondent's Certificate of Registration No. CS21917 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 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 October 13, 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 15TH day of September, 2021

AKINDELE E. KOLADE, MD,
Certificate of Registration No. CS21917

Signed this ___ day of September, 2021

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 15th day of September, 2021

MARIA NUTILE, ESQ.
BRIDGET KELLY, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Akindele E. Kolade, MD, Certificate of Registration No. CS21917, in Case No. 19-237-A-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 October, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **JEAN-MARIE SWAINE, APRN,** **Certificate of Registration No. CS24065,** **Respondent.**	CASE NOS. 19-237-CS-B-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, 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 23rd day of July, 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 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jean-Marie Swaine, APRN
6765 W Charleston Blvd Ste 110
Las Vegas, NV 89146

KRISTOPHER MANGOSING

2/8/20
Ms. Dena MCClish, Investigator
Nevada State Board of Pharmacy
1050 E. Flamingo Rd Ste E217
Las Vegas, NV 89119

Dear Ms. McClish,

This letter is a response to your investigation regarding 7 patients who were seen by me between 2/5/19- 2/6/2019. As you know, the date of service had been 1 year from today. The information I provide to you is based out of the best of my recollection.
I do not have authorization to access patient charts, as I stopped practicing with Dr. Kolade on 7/5/2019.

I worked with Dr. Kolade in January 18, 2019 for the first time that year. He had informed me that his whole office staff had left including Nurse Practitioners, secretary, medical assistant and biller. He further asked me to cover for him while he planned on going out of town in February. I worked under a physician collaboration agreement with Dr. Kolade.

As I recall, I saw those 7 patients who were already established patients. They were being seen at his clinic. (most of them). I don't have access to patient charts in order to verify accuracy. I reviewed previous notes, evaluated patient symptoms and continued to prescribe medications that were appropriate. My practice is: a) writing non-controlled substance medications on a separate script paper, with refills as necessary; b) reviewing PMP record; and c) writing controlled- substances on a separate script, since I did not provide refills for those medications without proper monitoring.

On 2/5/19- 2/6/2019, I saw patients and wrote scripts accordingly. I remember that the medical assistant Yadira, had informed me that "pharmacies were calling to verify controlled substances scripts that were given to patients". She further informed me that "patients were getting upset that they were not able to obtain controlled substances that I had written. The pharmacy did not dispense the medications without proper verification. I had an active DEA; but the pharmacies were unable to verify DEA with prescription pad which did not have my credentialing information, name, DEA number, license # and NPI #; therefore the patients were not given the medications (controlled substances) that I had written for them.

Yadira called Dr. Kolade- he responded. On speaker phone, Dr. Kolade instructed us to write controlled substances on "stamped script pads and or pre-signed script pads, signed by him"; I remember telling him that I did not feel comfortable doing that, but he insisted that Yadira and I write the medications (controlled substances) on stamped/ pre-signed script pads.
I remember Yadire, (medical assistant) telling me that they were doing that for Dr. Kolade's patients in his absence. Yadira wrote the controlled substances on Dr. Kolade's script pad and used Dr. Kolade's stamp – as per Dr. Kolade's instructions. I might have written some of the scripts, while the medical assistant wrote the others. I need to see the copy of the scripts in order to verify accuracy.

She further informed me that "Dr. Kolade had several script pads that were pre-signed by him. Yadira and the office secretary (Amber) were writing medications for Dr. Kolade's patients".

I remember that initially, Yadire was not able to find "pre-signed scripts; so she used the stamp for the controlled substances". She asked the patients to return to pick up scripts with Dr. Kolade's stamp and information on prescription pad. Yadire wrote the controlled substances.

Later that day, she informed me that "Dr. Kolade asked her to go in his office to get more blank script pads that he had pre-signed" to use for patients with controlled substances, in order to avoid conflict with pharmacies not dispensing their medications. As I remember, that is the reason why some controlled substances scripts had Dr. Kolade's stamp and the others had Dr. Kolade's signed script pad.

In addition, I discovered that Dr, Kolade was prescribing multiple controlled substances to several patients, without urine testing. He told me to write "opiate prescriptions for patients" which he said were for psychiatric reasons". I did not feel comfortable doing this. I refused. Dr. Kolade demonstrates "highly un-ethical and un-professional practices" including:

1) Failure to follow regulatory guidelines for controlled substances
2) Over- prescribing opiate medications to patients for "psychiatric reasons" without proper monitoring
3) Failure to follow Suboxone Treatment protocols- without proper monitoring
4) Failure to follow prescribing guidelines; UHS utilization review had sent our office letters regarding "concerns" about Dr. Kolade's practice, specifically giving multiple controlled substances that are contra-indicated to patients (prescribing Adderall and Xanax) to the same patients.

I later discovered that other Nurse Practitioners left because of similar reasons. His whole office staff left him for similar reasons.
Other issues:

1) I was told that a previous NP by the name of "Neme" worked for Dr. Kolade, did not have a Nevada License; but was seeing patients at his office. She returned to Texas just 1 week before I started working for Dr. Kolade in February 2019.
2) I later found out that another NP, Leesha Bitto left because Dr. Kolade did not pay her for several months.
3) There was a Physician Assistant student name "Yeme" who was seeing patients and was writing on Dr. Kolade's pre-signed script pads.
4) Dr. Kolade's former secretary informed me that in 2016-2017, Dr. Kolade worked at Boulder City Hospital. She claimed that Dr. Kolade left pre-signed script pads for RNs to write scripts when patients were discharged from the hospital because Dr. Kolade only rounded for less than 1 hour on the unit. The patients were being discharged without medications, therefore Dr. Kolade left RNs blank pre-signed script pads to write patient medications upon discharge.

I left Dr. Kolade's practice in July 5, 2019. Dr. Kolade did not pay me the appropriate amount of reimbursement over 5 months that I worked for him. I had to retain an attorney in order to demand for Dr. Kolade to provide me some compensation. (I have documents from attorneys).

Dr. Kolade demonstrates retaliation acts against me for reasons including: a) demanding payment for my services; b) refusing to write opioid prescriptions to his patients; c) refusing to write combination Adderall and Xanax to patients; d) performing urine monitoring for patients with controlled substances and e) notifying the Board of Medicine of Dr, Kolade's endangering patient safety.

I hope this helps your investigation. The events happened a year ago. I cannot recall specific details of the events. I no longer have access to patients' charts in order to verify accuracy.

Enclosed are the following documents:

1) Copy of text messages from Dr. Kolade's cell phone [redacted]
2) Copy of a patient PMP- Dr. Kolade was asking me to prescribe- Hydrocodone #180 tabs (I refused)

This statement is true and accurate.

If you have further questions, please feel free to reach me at anytime [redacted]

Respectfully,

Jean-Marie Swaine, APRN

Jean Marie Swaine

5F

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **NNENNA A. OLUBAJO, APRN,** **Certificate of Registration No. CS27850,** **Respondent.**	CASE NOS. 19-237-CS-C-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, 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 23rd day of July, 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 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Nnenna A. Olubajo, APRN
626 N Rainbow Blvd
Las Vegas, NV 89107

KRISTOPHER MANGOSING

FILED
AUG 04 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE BOARD OF PHARMACY

OF THE STATE OF NEVADA

NEVADA STATE BOARD OF PHARMACY Petitioner, vs. AKINDELE E. KOLADE, M.D. Certificate of Registration No. CS21917, JEAN-PMARIE SWAINE, APRN Certificate of Registration No. CS24065, and NNENNA A. OLUBAJO, APRN Certificate of Registration No. CS27850 Respondents.	CASE NO.: 19-237-CS-A-S 19-237-CS-B-S 19-237-CS-C-S ANSWER TO NOTICE OF INTENDED ACTION AND ACCUSATION

Nnenna A. Olubajo, APRN., ("Ms. Olubajo"), by and through her counsel of record MURPHY JONES APC, in answer to the Notice of Intended Action and Accusation ("Accusation") filed in the above-entitled matter before the Nevada State Board of Pharmacy ("Board"), declares:

1. That her objection to the Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds:

Vague, Ambiguous, Lacks Specificity and/or Detail,

2. That, in answer to the Accusation, Ms. Olubajo admits, denies, and alleges as follows:

Ms. Olubajo has retained legal counsel who is conducting an independent investigation into the allegations espoused in the Accusation. Ms. Olubajo requests a hearing in the matter, on the merits of the case, and will provide additional information and produce relevant documentation after her legal counsel has been afforded the opportunity to adequately prepare a defense to the Accusation. With the afore-referenced reservation, Ms. Olubajo admits and denies the allegations espoused in the Notice of Intended Action and Accusation as follows:

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I.

Ms. Olubajo admits that the Board has jurisdiction over this matter.

II.

Ms. Olubajo is without knowledge or information sufficient to form a belief as to the truth or falsity of the allegations contained in paragraphs II - III and therefore denies the same.

FIRST CAUSE OF ACTION
(Violation of Federal Controlled Substance Act)

Ms. Olubajo states that the allegations contained in paragraph XVII contains legal conclusions therefore denies the same.

SECOND CAUSE OF ACTION
(Violations of State Law)

Ms. Olubajo states that the allegations contained in paragraph XVIII contains legal conclusions therefore denies the same.

THIRD CAUSE OF ACTION
(Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction/Incompetent, Unskillful or Negligent Performance of Duties)

Ms. Olubajo ana states that the allegations contained in paragraph XIX contains legal conclusions therefore denies the same.

FOURTH CAUSE OF ACTION
(Unprofessional Conduct – Prescribing Without Bona Fide Therapeutic Relationship)
(Respondent Akindele E. Kolade, MD)

Ms. Olubajo states that the allegations contained in paragraph XX contains legal conclusions therefore denies the same.

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FIFTH CAUSE OF ACTION
(Violations of Federal and State Law or Unlicensed Prescribing)
(Respondent Nnenna A. Olubajo, APRN)

Ms. Olubajo states that the allegations contained in paragraph XXI contain legal conclusions therefore denies the same.

SIXTH CAUSE OF ACTION
(Unprofessional Conduct – Unlicensed Prescribing/Party to a Fraudulent/Deceitful Practice/Transaction/Incompetent, Unskillful or Negligent Performance of Duties)
(Respondent Nnenna A. Olubajo, APRN)

Ms. Olubajo states that the allegations contained in paragraph XXII contain legal conclusions therefore denies the same.

SEVENTH CAUSE OF ACTION
(Commission of Acts that Render Registration Inconsistent with the Public Interest)

Ms. Olubajo states that the allegations contained in paragraph XXIII contain legal conclusions therefore denies the same.

AFFIRMATIVE DEFENSES

FIRST AFIRMATIVE DEFENSE

1. Complainant fails to state a claim upon which relief can be granted.

SECOND AFIRMATIVE DEFENSE

2. Complainant's causes of action are barred by applicable statute of limitations

THIRD AFIRMATIVE DEFENSE

3. Complainant's causes of action are barred by the doctrine of unclean hands.

FOURTH AFIRMATIVE DEFENSE

4. Complainant's causes of action are barred by the doctrine of laches.

FIFTH AFIRMATIVE DEFENSE

5. Complainant's causes of action are barred by the doctrines of estoppel and/or waiver.

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SIXTH AFIRMATIVE DEFENSE

6. The facts not having been fully developed, Respondent further affirmatively pleads the following affirmative defenses as may be applicable in this action: accord and satisfaction, arbitration and award, assumption of risk, contributory negligence, discharge in bankruptcy, duress, estoppel, failure of consideration, fraud, illegality, injury by fellow servant, laches, license, payment, release, res judicata, statute of frauds, statute of limitations, waiver, and any other matter constituting an avoidance or affirmative defense.

DATED: August 3, 2021

By: _____
Kathleen M. Jones, Esq.
Attorney for Respondent
Nnenna A. Olubajo, APRN

CERTIFICATE OF SERVICE

Case Name: **In the Matter of: Akindele E. Kolade, MD, Jean-Marie Swaine, APRN, and Nnenna A. Olubajo**

Agency Case Nos.: 19-237-CS-A-S, 19-237-CS-B-S, 19-237-CS-C-S

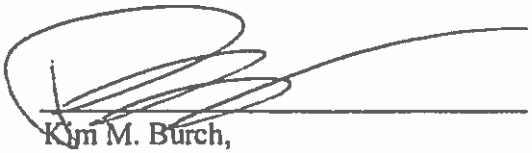
I declare:

I am employed in the law firm of MURPHY JONES APC, which is the office of a member of the Nevada State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter.

On August 3, 2021, I served the attached **ANSWER** via **EMAIL SERVICE** to the following person(s):

Courtney K. Lee, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, Nevada 89521
Email: c.lee@pharmacy.nv.gov

I declare under penalty of perjury under the laws of the State of Nevada the foregoing is true and correct, and that this declaration was executed on August 3, 2021, at San Diego, California.



Kim M. Burch,
Declarant

5G

FILED
AUG 25 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SASSAN KAVEH, MD,** **Certificate of Registration No. CS08877,** **Respondent.**	**CASE NO. 21-051-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 Sassan Kaveh, MD, held a Nevada controlled substance registration, Certificate No. CS08877, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about January 4, 2021, Respondent prescribed Edarbyclor (azilsartan/chlorthalidone) 40-12.5 mg tablets to patient C.S. The prescription was submitted electronically to Alliance Pharmacy in Ft. Worth, Texas, designated as Prescription No. 137852 in the pharmacy's computer system, and dispensed by mail to patient C.S. at his Las Vegas residence on or about February 1, 2021.

3. Patient C.S. subsequently returned the unused medication from Prescription No. 137852 to Respondent.

4. Respondent dispensed the unused medication from Prescription No. 137852 to patient D.O. at Respondent's Las Vegas office sometime between April 6 and April 16, 2021, in the original container with the original label as dispensed to patient C.S.

5. On or about April 24, 2021, patient D.O. was admitted to Banner Churchill Community Hospital in Fallon, Nevada, at which time hospital staff discovered that Prescription No. 137852 was prescribed for patient C.S. and seized the medication.

APPLICABLE LAW

6. 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.

7. A drug dispensed to a patient may not be subsequently dispensed to another patient. NRS 639.282(1)(a); NAC 639.760.

8. All prescriptions must be dispensed in a container to which is affixed a label or other device which clearly shows the name the person for whom prescribed. NRS 639.2801.

9. It is unlawful to sell or offer to sell or dispense or give away, any pharmaceutical preparation or drug which is no longer safe or effective for use, adulterated or misbranded. 21 U.S.C. § 331; 21 U.S.C. § 351; 21 U.S.C. § 352; NRS 585.410; NRS 585.520; NRS 639.282(1).

10. A drug shall be deemed to be misbranded if its labeling is false or misleading in any particular. 21 U.S.C. § 331; 21 U.S.C. § 352; NRS 585.410; NRS 585.520.

11. A prescription drug that is misbranded must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

12. 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).

13. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

14. 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).

15. 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)(e) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Violations of State Law - Dispensing without a Valid Registration

16. By furnishing and/or dispensing a dangerous drug to patient D.O. without a valid dispensing practitioner registration, as alleged herein, 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).

SECOND CAUSE OF ACTION

Violations of Federal and State Law – Unlawfully Redispensing Drug

17. By furnishing and/or dispensing the unused medication from Prescription No. 137852 to patient D.O. in the original container with the original label as dispensed to patient C.S., as alleged herein, Respondent unlawfully redispensed a misbranded, mislabeled and potentially adulterated drug in violation of 21 U.S.C. § 331, 21 U.S.C. § 351, 21 U.S.C. § 352, NRS 585.410, NRS 585.520, NRS 639.2801, NRS 639.282(1), NAC 639.601(1) and/or NAC 639.760, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

18. By redispensing a dangerous drug to a patient as alleged herein, 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).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Dispensing without a Valid Registration

19. By a dispensing a dangerous drug without a valid dispensing practitioner registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1 (k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

20. By his actions as alleged in the first through fourth causes of action and his numerous violations of Federal and State law, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 25th day of August, 2021.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of
J. David Wuest, R.Ph., Executive Secretary of the 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 First Amended 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 First Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. SASSAN KAVEH, MD, Certificate of Registration No. CS08877, Respondent.	CASE NOS. 21-051-CS-N STATEMENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the First Amended 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 First Amended 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 First Amended 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, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 25th day of August, 2021.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of
J. David Wuest, R.Ph., Executive Secretary of the 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 25th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sassan Kaveh, MD
3150 N. Tenaya Way #400
Las Vegas, NV 89128

Keith Weaver, Esq.
Lewis Brisbois Bisgaard & Smith LLP
6385 S. Rainbow Blvd., Suite 600
Las Vegas, NV 89118

SHIRLEY HUNTING

LEWIS BRISBOIS BISGAARD & SMITH LLP
KEITH A. WEAVER
Nevada Bar No. 10271
MELANIE L. THOMAS
Nevada Bar No. 12576
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Telephone: 702.893.3383
Facsimile: 702.893.3789
Attorneys for Sassan Kaveh, M.D.

FILED
SEP 24 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. SASSAN KAVEH, M.D., Certificate of Registration No. CS08877, Respondent.	CASE NO. 21-051-CS-N ANSWER AND NOTICE OF DEFENSE

SASSAN KAVEH, M.D. ("Dr. Kaveh"), by and through his counsel LEWIS BRISBOIS BISGAARD & SMITH, LLP hereby submits his Answer and Notice of Defense.

JURISDICTION

1. Answering Paragraph 1, Respondent admits that he held a Board-issued controlled substance registration, Certificate of Registration No. CS08877.

FACTUAL ALLEGATIONS

2. Answering Paragraphs 2 through 5, Respondent is without sufficient knowledge or information to form a belief as to the truth or falsity of the allegations contained therein and on that basis denies those allegations.

APPLICABLE LAW

3. Answering Paragraphs 6 through 15, Respondent objects to these paragraphs as the allegations contained in Paragraphs 6 through 15 call for a legal conclusion, for which no response is required.

FIRST CAUSE OF ACTION
Violations of State Law-Dispensing without a Valid Registration

4. Answering Paragraph 16, Respondent objects to this paragraph as it calls for a legal conclusion. To the extent the allegations contained in Paragraph 16 call for a response, this Respondent denies these allegations.

SECOND CAUSE OF ACTION
Violations of Federal and State Law-Unlawfully Redispensing Drug

5. Answering Paragraph 17, Respondent objects to this paragraph as it calls for a legal conclusion. To the extent the allegations contained in Paragraph 17 call for a response, this Respondent denies these allegations.

THIRD CAUSE OF ACTION
Unprofessional Conduct- Incompetent, Unskillful or Negligent Performance of Duties

6. Answering Paragraph 18, Respondent objects to this paragraph as it calls for a legal conclusion. To the extent the allegations contained in Paragraph 18 call for a response, this Respondent denies these allegations.

FOURTH CAUSE OF ACTION
Unprofessional Conduct- Dispensing without a Valid Registration

7. Answering Paragraph 19, Respondent objects to this paragraph as it calls for a legal conclusion. To the extent the allegations contained in Paragraph 19 call for a response, this Respondent denies these allegations.

FIFTH CAUSE OF ACTION
Commission of Acts that Render Registration Inconsistent with the Public Interest

8. Answering Paragraph 20, Respondent objects to this paragraph as it calls for a legal conclusion. To the extent the allegations contained in Paragraph 20 call for a response, this Respondent denies these allegations.

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FIRST AFFIRMATIVE DEFENSE

The Board's Complaint fails to state a claim on which relief may be granted.

SECOND AFFIRMATIVE DEFENSE

The Board's Complaint, and each cause of action therein, is barred by the doctrine of laches, estoppel, and the doctrine of unclean hands.

THIRD AFFIRMATIVE DEFENSE

Respondent denies each and every allegation of the Board's Complaint not specifically admitted or otherwise pled to herein.

WHEREFORE, Respondent prays for judgment as follows:

1. That all charges against him be dismissed;

2. For such other and further relief as may be deemed just and proper in these premises.

September 24, 2021

LEWIS BRISBOIS BISGAARD & SMITH LLP

By /s/ Melanie L. Thomas

Keith A. Weaver
Nevada Bar No. 10271
Melanie L. Thomas
Nevada Bar No. 12576
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Attorneys for Sassan Kaveh, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SASSAN KAVEH, MD,** **Certificate of Registration No. CS08877,** **Respondent.**	**CASE NO. 21-051-CS-N** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Sassan Kaveh, MD, Certificate of Registration No. CS08877, by and through counsel, Keith A. Weaver, Esq. and Melanie L. Thomas, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 28, 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.

3. On or about September 24, 2021, 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 the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the 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 in the Accusation, *to wit,* that:

A. Respondent dispensed a dangerous drug to a patient without a valid dispensing practitioner registration, in violation of 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;

B. Respondent redispensed unused medication and thus a misbranded, mislabeled and potentially adulterated drug in violation of NRS 585.410, NRS 585.520, NRS 639.2801, NRS 639.282(1), NAC 639.601(1) and/or NAC 639.760; and

C. 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 (k), and committed an act that renders registration inconsistent with the public interest.

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. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Sassan Kaveh, MD, Certificate of Registration No. CS08877, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a prescribing practitioner;

B. Respondent shall pay a fine of Three Thousand Dollars ($3000.00) 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 Five Hundred Dollars ($1500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order; and

D. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 13, 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1 day of October, 2021

SASSAN KAVEH, MD,
Certificate of Registration No. CS08877

Signed this ___ day of October, 2021

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 1st day of October, 2021

KEITH A. WEAVER, ESQ.
MELANIE L. THOMAS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Sassan Kaveh, MD, Certificate of Registration No. CS08877, in Case No. 21-051-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5H

This matter is continued to a future Board Meeting.

5I

This matter is continued to a future Board Meeting.

5J

This matter is continued to a future Board Meeting.

5K

This matter is continued to a future Board Meeting.

5L

This matter is continued to a future Board Meeting.

5M

This matter is continued to a future Board Meeting.

5N

This matter is continued to a future Board Meeting.

5O

This matter is continued to a future Board Meeting.

5P

FILED 1708
AUG 03 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. GHAYDA ALRASS, RPH, Certificate of Registration No. 13706, Respondent.	CASE NO. 21-065-RPH-N NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Ghayda Alrass, R.Ph., Certificate of Registration No. 13706, was a pharmacist registered by the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed as a pharmacist at several Northern Nevada Raley's pharmacies at the time of the events alleged herein.

3. On or about May 3, 2021, Raley's commenced an investigation into allegations that Respondent had diverted drugs from multiple pharmacy locations.

4. The subsequent investigation produced evidence of Respondent's theft of Raley's property and inventory, including without limitation, the following drugs from multiple pharmacy locations for her personal use:

Raley's Pharmacy #103 [1441 Mayberry Drive, Reno]
1 bottle/100 tablets – Diazepam 10 mg
61 tablets Hydromorphone HCL 2 mg
Raley's Pharmacy #110 [2389 Wingfield Hills Road, Sparks]
52 tablets – Diazepam 10 mg

10 tablets Hydrocodone/APAP 10/325 mg

5. On or about July 19, 2021, Respondent signed a written admission to diverting Amlodipine from Raley's Pharmacy #103 in May 2021.

APPLICABLE LAW

6. It is a felony offense to acquire a controlled substance or dangerous drug except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1); NRS 454.311(1).

7. It is a felony offense to possess a controlled substance or dangerous drug except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8); NRS 454.316(1); NRS 454.346(1); NRS 454.351(1).

8. It is a criminal offense to use a controlled substance or dangerous drug except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1); NRS 454.346(1).

9. It is a criminal offense to commit organized retail theft or larceny. NRS 205.08345; NRS 205.220; NRS 205.222; NRS 205.240.

10. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. 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).

12. 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).

13. 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

Unlawful Acquisition of Controlled Substances and Dangerous Drugs

14. By diverting and acquiring controlled substances and dangerous drugs as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 205.08345, NRS 205.220, NRS 205.222, NRS 205.240, NRS 453.331(1)(d), NRS 453.391(1) and/or NRS 454.311(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

SECOND CAUSE OF ACTION

Unlawful Possession of Controlled Substances and Dangerous Drugs

15. By diverting and possessing controlled substances and dangerous drugs as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8), NRS 454.316(1), NRS 454.346(1) and/or NRS 454.351(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

THIRD CAUSE OF ACTION

Unlawful Use of Controlled Substances and Dangerous Drugs

16. By diverting and using controlled substances and dangerous drugs as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. § 12210, NRS 453.411(1) and/or NRS 454.346(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

FOURTH CAUSE OF ACTION
Unprofessional Conduct - Diversion

17. By diverting controlled substances and dangerous drugs as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

FIFTH CAUSE OF ACTION
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

18. By diverting controlled substances and dangerous drugs and her theft of other Raley's property and inventory, as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 3rd day of August, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **GHAYDA ALRASS, RPH,** **Certificate of Registration No. 13706,** **Respondent.**	CASE NO. 21-065-RPH-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, 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 3rd day of August, 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 August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Ghayda Alrass, R.Ph.
[redacted] Luciana Dr
Reno, NV 89521

SHIRLEY HUNTING

Original (copy 1)

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **GHAYDA ALRASS, RPH,** **Certificate of Registration No. 13706,** **Respondent.**	CASE NO. 21-065-RPH-N **ANSWER AND NOTICE OF DEFENSE**

FILED
AUG 17 2021
NEVADA STATE BOARD OF PHARMACY

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").

My name is Ghayda Alrass, I'm pharmacist for more than 20 years. During all those years I perform my Job with professional Conduct & Never have any unlawful Acquisition, Possession or use of Controlled substance & dangerous drug.

On May 13th 2021, I had an accident inside my house (Broken back) which required me to do an emergency back surgery :

" T_6, T_7 Laminectomy & T_6-T_8 Fusion."

I left the hospital on 5/19/21 & got an order of Rx for Oxycodone 10g. This is the first surgery & the first time taking Oxycodone in my whole life.

I really hope that the hearing on 9/1/21 will prove that those unlawful act, possession & Use of controlled substance & dangerous drugs are wrong & fully incorrect.

I'm content with my Carer as a pharmacist & enjoy providing service to my community.

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I do deny the Factual Allegations that on or about May 3rd 2021 Raley's start an investigation into allegation that Respondent had diverted drugs from multiple pharmacy locations.

The day I admit taking one tablet of Amlodipine 10mg & some office supply (paper folder & sharpie pen) happened after May 3rd. So Raley's start the investigation before I took the above mentioned & Also Raley's didn't state that May be somebody else ~~is~~ is doing those Unlawful act? (the schedule of hours & locations will show that clearly).

I really wish that some of the history of my work as a pharmacist been mentioned:

I worked 12-13 years as a staff pharmacist @ CVS (24 hours) in Aliso Viejo, California.

I worked as a consultant pharmacist for "Doctor without Border" overseas in Amman, Jordan.

I was a consultant pharmacist at high dessert state prison in susanville, California.

I was a staff pharmacist @ 24 Hours Walgreen Pharmy in Reno, NV.

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 13 day of August, 2021.

GHAYDA ALRASS, RPH

Persi J. Mishel, Esq.
Nevada Bar No: 2270
10161 Park Run Dr., Suite 150
Las Vegas, NV 89145
Tel: (702) 981-3043
mishelpersi@yahoo.com

Attorney for Respondent Ghayda Alrass

FILED
SEP 17 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. GHAYDA ALRASS, RPH, Certificate of Registration No. 13706, Respondent.	CASE NO. A-21-065-RPH-N

RESPONDENT'S MOTION FOR LEAVE TO FILE A MOTION TO SUPPRESS EVIDENCE

Respondent, Ghayda Alrass, by and through her attorney, Persi J. Mishel, Esq., hereby moves for leave to file a Motion to Suppress Evidence.

This Motion is supported by the papers and pleadings on file, the accompanying Memorandum of Points and Authorities, and any oral argument that the Board may entertain at the hearing of this Motion.

Dated this 17th day of September, 2021.

/s/ Persi J. Mishel
Persi J. Mishel, Esq.

MEMORANDUM OF POINTS AND AUTHORITIES

1.

FACTUAL BACKGROUND

On August 3, 2021, the Board sent by a certified mail its Notice of Intended Action and Accusation to Respondent ("Notice of Intended Action").

A hearing is set for October 13, 2021, regarding the Notice of Intended Action. One of the evidence that the Board will present at the hearing is a statement (the Statement) that Ms. Alrass signed on July 19, 2021, upon request by Monica Segedy, who is an investigator for the Board. Exhibit 1.

2.

LEGAL AUTHORITY

NRS 622A.360 Motions.

> 1. Except as otherwise provided in this chapter or as permitted by the regulatory body or hearing panel or officer, to request a ruling from the regulatory body or hearing panel or officer on any issue of law or procedure in a case, a party must file a written motion with the regulatory body or hearing panel or officer.
>
> 2. A party may file only the following prehearing motions:
>
> (f) With leave of the regulatory body or hearing panel or officer, any other motion requesting appropriate action or relief before the date of the hearing.

Ms. Alrass is requesting a leave to file a Motion to Suppress Evidence. More specifically, she intends to seek suppression of the statement dated July 19, 2021, and any reference to such a statement in the records.[1] Ms. Alrass

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[1] Including, but not limited to, references contained in the Notice of Intended Action regarding the statement of July 19, 2021.

was mentally and physically disabled when Ms. Segedy conducted her investigation and when she requested Ms. Alrass to sign the Statement. Further, Ms. Alrass informed Ms. Segedy of her condition and the medications she was taking in that period.

Ms. Alrass is simultaneously filing her Motion to Suppress Evidence so that the Board would be informed of the grounds for her request to suppress evidence.

3.

CONCLUSION

Based on the above, Ms. Alrass respectfully requests that her Motion for Leave to File Motion to Suppress Evidence be granted.

Dated this 17th day of September, 2021.

/s/ Persi J. Mishel
Persi J. Mishel, Esq.

CERTIFICATE OF SERVICE

I hereby certify that on September 17, 2021, I e-mailed RESPONDENT'S MOTION FOR LEAVE TO FILE A MOTION TO SUPPRESS EVIDENCE to the following persons:

David Wuest, R.Ph., Executive Secretary Nevada
dwuest@pharmacy.nv.gov

Mark Sedar, Chief Operating Officer
msedar@pharmacy.nv.gov

Brett Kandt, Esq., General Counsel for the Board of Pharmacy
bkandt@pharmacy.nv.gov

/s/ Persi J. Mishel
Persi J. Mishel, Esq.

Persi J. Mishel, Esq.
Nevada Bar No: 2270
10161 Park Run Dr., Suite 150
Las Vegas, NV 89145
Tel: (702) 981-3043
mishelpersi@yahoo.com

Attorney for Respondent Ghayda Alrass

FILED
SEP 17 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. GHAYDA ALRASS, RPH, Certificate of Registration No. 13706, Respondent.	CASE NO. A-21-065-RPH-N

RESPONDENT'S MOTION TO SUPPRESS EVIDENCE

Respondent, Ghayda Alrass, by and through her attorney, Persi J. Mishel, Esq., hereby moves for suppression of evidence.

This Motion is supported by the papers and pleadings on file, the accompanying Memorandum of Points and Authorities, and any oral argument that the Board may entertain at the hearing of this Motion.

Dated this 17th day of September, 2021.

/s/ Persi J. Mishel
Persi J. Mishel, Esq.

MEMORANDUM OF POINTS AND AUTHORITIES

1.

FACTUAL BACKGROUND

On August 3, 2021, the Board sent by a certified mail its Notice of Intended Action and Accusation to Respondent ("Notice of Intended Action").

A hearing is set for October 13, 2021, regarding the Notice of Intended Action. One of the evidence that the Board will present at the hearing is a statement (the Statement) that Ms. Alrass signed on July 19, 2021, upon request by Monica Segedy, who is an investigator for the Board. Exhibit 1.

2.

LEGAL ARGUMENTS

A. The Statement and any references to the Statement in the records must be suppressed because at the time of the investigation Ms. Alrass was physically and mentally disabled.

There are several definitions for "disability" in the State and federal laws. For example, State of Nevada Workers' compensation laws have a definition for disability. The ADA also has its own definition of disability. However, most often, the courts cite NRS 426.068, which defines "disability" as:

> 1. A physical or mental impairment that substantially limits one or more of the major life activities of the person;
>
> 2. A record of such an impairment; or
>
> 3. Being regarded as having such an impairment.

The Statement shows that Ms. Alrass informed Ms. Segedy that she broke her back in an accident at her home on May 15, 2021, and underwent a surgery on her back on May 17, 2021. Exhibit 1. The Statement also shows Ms. Alrass informed Ms. Segedy that she is on the following medications: Tramadol[1], Ambien[2], and Oxycodone[3]. Id.

On July 13, 2021, Ms. Alrass sent an e-mail to Ms. Segedy informing her: "Yesterday and today I'm bed ridding (sic) because I 'm in sever (sic) pain my physician specifically told me not to set (sic) or stand more than 20 minutes, and the meeting took more than an hour."[4] Exhibit 2.

Based on the above-referred evidence, Ms. Segedy was informed of Ms. Alrass' physical and mental problems due to her back surgery and the

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[1] Causes dizziness, drowsiness, tiredness, and other side effects. https://www.drugs.com/tramadol.html

[2] Causes memory loss, daytime drowsiness, dizziness, lightheadedness, "Drugged" feeling, and other side effects. https://www.rxlist.com/ambien-side-effects-drug-center.htm and https://www.verywellhealth.com/can-ambien-affect-your-memory-3015265

[3] Causes drowsiness, lack or loss of strength, and other side effects. https://www.mayoclinic.org/drugs-supplements/oxycodone-oral-route/side-effects/drg-20074193

[4] Ms. Alrass has been a pharmacist for approximately 25 years with no prior records of any disciplinary action against her in Nevada or California. As noted in the above-referred quotation, there are three (3) typographical errors in one sentence. Although these errors alone would not indicate mental disability, they should have alarmed Ms. Segedy that something is amiss here. This should have prompted her to seek assurance from Ms. Alrass that she understands what she is signing.

medications she was taking at the time. However, Ms. Segedy went ahead and prepared a four-page statement in which Ms. Alrass unknowingly made incriminating statements.

The Statement has no clause in which Ms. Alrass is informed of the effect of the incriminating statements contained in the Statement. It has no clause that informs Ms. Alrass she should seek the advice of a counsel before she signs it. In addition, it does not inform Ms. Alrass that the Statement will be used against her in a disciplinary proceeding.[5]

Based on the above, under NRS 48.035 (1), the Statement and any references in the records to the Statement[6] are not admissible because "...its probative value [if any] is substantially outweighed by the danger of unfair prejudice..."

3.

CONCLUSION

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[5] The Board of pharmacy of some states do have such clauses in the statements that their investigators prepare for the pharmacists to sign. For example, https://www.pharmacytimes.com/view/revocation-of-pharmacists-license-reviewed-by-appellate-court

[6] Including, but not limited to, references contained in the Notice of Intended Action regarding the statement of July 19, 2021.

Based on the above, Ms. Alrass respectfully requests that her Motion to Suppress Evidence be granted.

Dated this 17th day of September, 2021.

/s/ Persi J. Mishel
Persi J. Mishel, Esq.

CERTIFICATE OF SERVICE

I hereby certify that on September 17, 2021, I e-mailed RESPONDENT'S MOTION TO SUPPRESS EVIDENCE to the following persons:

David Wuest, R.Ph., Executive Secretary Nevada
dwuest@pharmacy.nv.gov

Mark Sedar, Chief Operating Officer
msedar@pharmacy.nv.gov

Brett Kandt, Esq., General Counsel for the Board of Pharmacy
bkandt@pharmacy.nv.gov

/s/ Persi J. Mishel
Persi J. Mishel, Esq.

Statement of Ghayda Alrass

I, Ghayda Alrass, do hereby swear that the following statement of facts, as prepared by investigator Monica S. Segedy of the Nevada State Board of Pharmacy (NBOP) is a true and accurate representation of information I provided on 7/12/2021.

I am licensed and registered Pharmacist the NBOP, license #13706. I have been a pharmacist since 1996 in both California and Nevada. I moved to Nevada around 2009 or 2010. I have not had any discipline against me as a pharmacist since 1996.

In January 2021 I was hired as a Pharmacist for Raley's. In January 2021 I was provided with 2 ½ days of training. I worked for Raley's on a few occasions between February and the end of April. I also worked for approximately seven (7) days during the month of May 2021.

In May 2021 I was asked to fill in for a pharmacist that was going on vacation. I was asked to report to the Raley's Pharmacy located on Mayberry Dr. in Reno, NV. During the first week in May 2021 I worked on two separate occasions. One shift I opened the pharmacy and on another day I closed the pharmacy. On about my seventh day of employment with Raley's, I got into an argument with the "store lead". I do not recall his name, but he was about 20 years old. He pulled me aside and told me I needed to work faster as I had only filled two (2) prescriptions in an hour. I was very angry and insulted. I knew that if I called Human Resources (HR) and complained they would not do anything about it. I knew they would not come to the Pharmacy and speak with me, so in order to get the attention of HR I stole a few items. Specifically, I stole paper plates and cups and general office supplies. I knew HR would see my actions on the video cameras and call me. I also purposely showed the items I stole the three Raley's employees as I knew they would report me to HR.

On a separate occasion, after I closed the pharmacy I realized I still had the key, and that I had left the lockbox in the pharmacy. After the pharmacy had been closed for about an hour, I returned to the pharmacy to retrieve the lockbox. I do not recall being confronted by anyone from management at this time. I located the lockbox, returned the key to the box, and then turned the lockbox and key into a Raley's store team leader.

Exhibit 1

statement ✓

With regards to stealing dangerous drugs, on the day that I was confronted by management for working too slow I was very angry and agitated. I suffer from "emotional" high blood pressure and I felt as though I could not function and that I was going to have a nervous breakdown, I did not have my own medication with me, so I took a bottle of Amlodipine. I opened a new bottle, tore off the seal and took one pill. I then poured the remaining tablets into an amber colored vial used for patients and threw away the manufacturer's bottle. I then put the vial containing the tablets into my purse. I know these actions were stupid and not acceptable. But, I was very mad so I did it anyway. I later realized my actions were inappropriate so I brought the tablets back to the pharmacy. I recovered he manufacturer's bottle and poured the pills from the amber vial back into the original bottle. I then returned the drugs to the pharmacy shelf.

With regards to a second bottle of dangerous drugs being taken by me on this same date I have no recollection.

I am aware that these events were captured on video cameras in the pharmacy. However, the pharmacy cameras did not capture me returning the drugs to the pharmacy. I cannot explain why they captured me taking the pills, but not returning them.

I am currently prescribed the following controlled substances:

Tramadol
Ambien
~~Ambien~~ CR
Oxycodone

In the past I have been ~~prescribed Oxycodone and~~ CA Hydrocodone. Approximately four (4) years ago I was prescribed Norco after having a root canal. Approximately nine (9) months ago I was prescribed Norco after having my wisdom teeth pulled.

On 5/15/2021 I suffered a serious fall down the stairs in my home. I broke my back and had surgery on 5/17/2021. As a result, I am currently taking Oxycodone.

I am not currently working, nor am I able to work as a result of my back injury.

I am willing to sign an agreement with the NBOP that I will not work as a pharmacist, or in any facility that has access to dangerous drugs and/or controlled substances until the NBOP has completed their investigation.

Signed: _____
Ghayda Alrass

Date: 7/19/21

Witnessed By:

Monica Segeay 7/19/2021

7-19-21

Agreement Not to Practice

My name is Ghayda Alrass, and I am a registered pharmacist in the State of Nevada. My Nevada State Board of Pharmacy (NBOP) Registration is #13706. The NBOP is investigating allegations of my diverting dangerous drugs and controlled substances from Raley's Pharmacies where I was working as a pharmacist. I understand that the NBOP investigation is ongoing. Accordingly, I agree to the following:

1. I will not practice as a pharmacist, or in any capacity, at any place of employment licensed or registered by the NBOP, where access to dangerous drugs and/or controlled substances is possible, during the NBOP's investigation of my case.
2. I understand that violation of this written agreement may result in a summary suspension of my license/registration.
3. I have been advised that this Agreement Not to Practice is effective today July 12, 2021. If this signed agreement is not returned to the NBOP by close of business July 12, 2021 the Board's Executive can proceed with a summary suspension of my license/registration.

Signed: _____
Ghayda Alrass

Date: 7/19/2021
July 19, 2021

7:47 Signed Agreement Not to Practice

Monica Segedy

From:	Ghayda Alrass <,
Sent:	Tuesday, July 13, 2021 11:16 AM
To:	Monica Segedy; Ghayda Alrass
Subject:	Correction for your statement

To whom is may concern,

I did few days before the incident but Raleys didn't request my help from feb-end April 2021.

It's a lead and not a store manager who told me " you need to be fast ".. and that was around my 7th day with rales.

There were 3 coworker and not only the camera who I purposely show them I'm taking home office supply so they will tell loss prevenvition/ hr about that because i need HR come down and I'll tell them how that store lead insult.

I went one night back to phaarmacy because i had the key and put the alarm but forget the lockbox in the pharmacy, and the employee who put it in the store safe wasn't the store manager. Mr.Wuest said it's not a big deal if i took the key home. Sorry, indeed it's a big deal and it might cost me my license if I did that.

Mr.Wuest also mention that I did grocery shopping after i finish my shift, but i never heard that pharmacist grocery at the store is a crime.

In regard to my emotional blood pressure you can check with my PCP: dr.j. Schaup@775-851-5700

Fioricet is not controlled by many professional reference.

I had accident/ emergencies inside my house on 5/15/21..all record are with REMSA and Renown ER and main Renown 775-982-4100

Ocycodone given to me after my emergency back surgery on 5/17/21 then e-script to Walgreen on 5/19/21.. so that accident and RX has nothing to do with Raleys.

I been a pharmacist since 1996 in both California and Nevada and never had any problem or issue with them or my pre- employer.

My dentist a while ago gave me 16 tablets of Norco and not Oxycodone.

Mr.Wuest told me " i don't trust you to be a pharmacist and fill prescription "

I'm proud to serve my community over 20 years, and i wish mr.Wuest checked both my previous employers and CA and NV Board of pharmacy.

Than you,

Exhibit 2

21-015 Alrass email Correction Alrass0010

FILED
SEP 22 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. GHAYDA ALRASS, RPH, Certificate of Registration No. 13706, Respondent.	CASE NO. 21-065-RPH-N OPPOSITION TO RESPONDENT'S MOTION TO SUPPRESS EVIDENCE

Nevada State Board of Pharmacy (Board), by and through counsel prosecuting this matter, Brett Kandt, General Counsel, files this opposition to Respondent Ghayda Alrass, RPH's Pre-Hearing Motion to Suppress Evidence filed September 17, 2021. This opposition is made pursuant to NRS 622A.360(3) and based upon the following points and authorities and the pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. PROCEDURAL BACKGROUND

The Notice of Intended Action and Accusation was filed and served in this matter together with the Statement to Respondent and Notice of Hearing on or about August 3, 2021. Respondent filed an Answer and Notice of Defense on August 17, 2021. This matter is set for hearing on October 13, 2021.

II. LEGAL STANDARD

Respondent seeks to suppress evidence of her admissions made in the course of the Board's investigation pursuant to NRS 48.035(1), which states that relevant evidence is inadmissible "if its probative value is substantially outweighed by the danger of unfair prejudice." As the Nevada Supreme Court has stated:

> Because all evidence against a defendant will on some level "prejudice" (*i.e.*, harm) the defense, NRS 48.035(1) focuses on "unfair" prejudice. This court has defined "unfair prejudice" under NRS 48.035 as an appeal to "the emotional and

> sympathetic tendencies of a jury, rather than the jury's intellectual ability to evaluate evidence.

State v. Eighth Judicial Dist. Court of Nev., 127 Nev. 927, 933, 267 P.3d 777, 781 (2011) (citations omitted).

"The term 'probative value' sums up the positive benefits of evidence the trial judge should weigh against the potential harms listed in NRS 48.035." *Harris v. State*, 134 Nev. 877, 881, 432 P.3d 207, 211 (2018) (citations omitted). "By requiring the prejudicial effect of evidence to 'substantially outweigh' its probative value, NRS 48.035 [strongly favors] admissibility." *Krause Inc. v. Little*, 117 Nev. 929, 935, 34 P.3d 566, 570 (2001) (citations omitted).

III. ARGUMENT

Respondent seeks suppression on the basis that she was "physically and mentally disabled" at the time of the investigation and "unknowingly made incriminating statements" without being warned of the consequences. Respondent's Motion at 3:12-4:4. Respondent's Motion must be denied since it is unsupported by affidavits or other evidence and is predicated upon erroneous application of the law.

A. Respondent's Motion must be denied since it is unsupported by affidavits or other evidence.

Respondent's broad assertion that she was "physically and mentally disabled" under federal and/or State law during the investigation, specifically, when providing her signed statement and corresponding agreement not to practice on July 19, 2021, is unsupported by affidavits or other evidence. *See* NRCP 43(c) ("When a motion relies on facts outside the record, the court may hear the matter on affidavits or may hear it wholly or partly on oral testimony or on depositions."); *Glover v. Eighth Judicial Dist. Court of Nev.*, 125 Nev. 691, 708, 220 P.3d 684, 695-96 (2009) ("Defense counsel is no more entitled than the prosecutor to assert a fact that which has not been introduced in evidence."). Respondent provides no affidavit from a health

care professional or other evidence in support of her contentions that she was "physically and mentally disabled" and not competent on July 19th, and her Motion fails as a result.

B. Respondent is presumed competent and the circumstances indicate that her admissions were knowing and voluntary.

The general presumption is that a person is competent to be a witness. *See Hall v. State*, 366, 368, 513 P.2d 1244, 1246 (1973) (citing NRS 50.015). "There are, of course, no fixed or immutable signs which invariably indicate the need for further inquiry to determine fitness to proceed." *Drope v. Missouri*, 420 U.S. 162, 180 (1975).

On July 12, 2001, Board investigator Monica Segedy interviewed Respondent during an investigation into her alleged theft of Raley's property and inventory, including prescription drugs, from multiple pharmacy locations for her personal use. *See* **Exhibit 1** - Declaration of Monica Segedy at ¶ 2.

Based upon Respondent's interview, Segedy prepared a written statement and an agreement not to practice and on July 14, 2021, went to the Respondent's residence to present both for her review since Respondent had represented that she was bedridden as a result of back surgery on May 17th. When Segedy arrived at the residence, she encountered an unknown male who represented that he was Respondent's husband and advised that Respondent was not home. *See* **Exhibit 1** - Declaration of Monica Segedy at ¶ 3.

Segedy subsequently presented both the written statement and an agreement not to practice to the Respondent for her signature on July 19, 2021. At that time Respondent made certain revisions to her statement and voluntarily signed her statement and corresponding agreement not to practice. Board investigator Dave Jones was also present. *See* **Exhibit 1** - Declaration of Monica Segedy at ¶ 4.

When Respondent voluntarily signed her statement and corresponding agreement not to practice on July 19th she appeared lucid and did not appear to be under the influence of any drugs. *See* **Exhibit 1** - Declaration of Monica Segedy at ¶ 5.

Respondent knew that she was the subject of the Board's investigation and her agreement not to practice demonstrates that she understood that her ability to practice pharmacy in Nevada as a registered pharmacist was at risk. The fact that Respondent made certain revisions to her statement prior to voluntarily signing the statement further establishes that she was competent at that time. Moreover, her absence from her residence when Segedy arrived on July 14th casts doubt upon her representations that she was "bedridden".

C. Respondent's admissions in the course of the investigation are admissible as an admission of a party opponent.

Respondent's statements constitute admissions of a party opponent admissible under NRS 51.035(3)(a). "[W]hatever a party voluntarily admits to be true, though the admission be contrary to his interests, may reasonably be taken for the truth." *Peterson v. Pittsburg Silver Peak Gold Mining Co.*, 37 Nev. 117, 130, 140 P. 519, 524 (1914). It is the prerogative of the Board to determine what, if any weight to give Respondent's admissions. "[I]t is exclusively within the province of the trier of fact to weigh evidence and pass on the credibility of witnesses and their testimony." *DeChant v. State*, 116 Nev. 918, 924, 10 P.3d 108, 112 (2000) (citations omitted).

D. *Miranda* warnings were not required since Respondent's admissions were not made during a custodial interrogation in a criminal investigation.

Finally, Respondent argues that her July 19th statement contained no clause informing her "of the effect of the incriminating statements contained" therein, that "she should seek the advice of a counsel" before signing, and that the statement "will be used against her in a disciplinary proceeding." Respondent's Motion at 4:5-9. There is no constitutional or statutory requirement that a statement obtained from a licensee or registrant in the course of a Board investigation include such language.

While Respondent alludes to *Miranda* warnings, those warnings are required for custodial interrogations in criminal investigations under the Fifth Amendment. *Miranda v.*

Arizona, 384 U.S. 436, 498 (1966); *Stansbury v. California*, 511 U.S. 318, 322 (1994). Even though information obtained through an administrative investigation may result in criminal prosecution, *Miranda* warnings are not required in investigations which are non-criminal in nature. The Nevada Supreme Court has expressly held that "[i]n holding [disciplinary] hearings, the Board [is] not adjudicating alleged criminal violations and [is] therefore not bound to apply criminal standards." *Dutchess Business Services, Inc. v. Nevada State Bd. of Pharmacy*, 124 Nev. 701, 716, 191 P.3d 1169 (2008).

Furthermore, *Miranda* warnings are not required for "non-custodial" interviews. "A suspect is . . . in 'custody' for *Mirada* purposes when placed under formal arrest or when a reasonable person in the suspect's position would have understood the situation to constitute a restraint on freedom of movement of the degree which the law associates with formal arrest." *United States v. Nelson*, 990 F.3d 947, 955 (5th Cir. 2021). Respondent's admissions were not the result of a custodial interrogation.

IV. CONCLUSION

Based upon the foregoing, Respondent has made no showing of unfair prejudice and the prosecution respectfully requests that the Board deny Respondent's Pre-Hearing Motion to Suppress Evidence.

RESPECTFULLY SUBMITTED this 22nd day of September 2021.

By:

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway – Suite 206
Reno, NV 89509
bkandt@pharmacy.nv.gov

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. GHAYDA ALRASS, RPH, Certificate of Registration No. 13706, Respondent.	CASE NO. 21-065-RPH-N DECLARATION OF MONICA SEGEDY IN OPPOSITION TO RESPONDENT'S MOTION TO SUPPRESS EVIDENCE

I, Monica Segedy, hereby declare as follows:

1. I am an investigator for the Nevada State Board of Pharmacy (Board). I have personal knowledge of the matters stated herein and would be competent to testify thereon if called upon to do so.

2. On July 12, 2001, I interviewed Respondent in the course of an investigation into her alleged theft of Raley's property and inventory, including prescription drugs, from multiple pharmacy locations for her personal use.

3. Based upon Respondent's interview I prepared a written statement and an agreement not to practice and on July 14, 2021, and went to the Respondent's residence to present both for her review since Respondent had represented that she was bedridden as a result of back surgery on May 17th. When I arrived at the residence, I encountered an unknown male who represented that he was Respondent's husband and advised that Respondent was not home.

4. I subsequently presented both the written statement and an agreement not to practice to the Respondent for her signature on July 19, 2021. At that time Respondent made certain revisions to her statement and voluntarily signed her statement and corresponding agreement not to practice. Board investigator Dave Jones was also present. True and correct copies of her signed statement agreement not to practice are attached as **Exhibit 1** to Respondent's Pre-Hearing Motion to Suppress Evidence

Exhibit 1

5. When Respondent voluntarily signed her statement and corresponding agreement not to practice on July 19th she appeared lucid and did not appear to be under the influence of any drugs.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 22nd day of September, 2021, in Washoe County, Nevada.

MONICA SEGEDY

CERTIFICATE OF SERVICE

I certify that on this 22nd day of September 2021, I served a true and correct copy of the foregoing document by U.S. Mail and by electronic mail to the following:

Persi J. Mishel, Esq.
10161 Park Run Dr., Suite 150
Las Vegas, NV 89145
mishelpersi@yahoo.com

BRETT KANDT

FILED
SEP 25 2021
NEVADA STATE BOARD OF PHARMACY

Persi J. Mishel, Esq.
Nevada Bar No: 2270
10161 Park Run Dr., Suite 150
Las Vegas, NV 89145
Tel: (702) 981-3043
mishelpersi@yahoo.com

Attorney for Respondent Ghayda Alrass

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. GHAYDA ALRASS, RPH, Certificate of Registration No. 13706, Respondent.	CASE NO. A-21-065-RPH-N

RESPONDENT'S REPLY TO OPPOSITION TO MOTION TO SUPPRESS EVIDENCE

Respondent, Ghayda Alrass, by and through her attorney, Persi J. Mishel, Esq., hereby files her above-titled Reply.

This Reply is supported by the papers and pleadings on file, the accompanying Memorandum of Points and Authorities, and any oral argument that the Board may entertain at the hearing of this Motion.

Dated this 25th day of September, 2021.

/s/ Persi J. Mishel
Persi J. Mishel, Esq.

A. Under NRS 48.035(1), the July 19 Statement and any references to such a statement must be suppressed because its probative value, if any, is substantially outweighed by the danger of unfair prejudice.

The Board and the Respondent agree that the legal standard to decide on this Motion is NRS 48.035(1). Opposition at p.1. The Board argues that the Motion should be denied because it is not supported "by affidavits or other evidence." Id. At p.2. The Board relies on NRCP 43(c), which provides: "When a motion relies on facts outside the record, the court **may** hear the matter on affidavits or **may** hear it wholly or partly on oral testimony or on depositions." (Emphasis added.)

There is no wording in this rule that states the Motion should be denied because it lacks an affidavit or "other evidence." The rule simply gives the trial judge a discretion to consider "facts outside the records" by an affidavit, testimony, or deposition."

B. The facts and special circumstances of this case do not indicate that Respondent was competent and her statements were given knowingly and voluntarily.

The Board argues that Respondent is "presumed" to be competent and "her admissions were knowing and voluntarily." Opposition at p.3. The Board argues that under the case law there is a "general presumption that a person is competent to be a witness." Id. The evidence shows Respondent was under duress because Ms. Segedy told her that if Respondent does not sign the Statement and return it to the Board by July 12, 2021, the Board's Executive "can proceed with summary suspension" of Respondent's license. Exhibit 1, p. 4.

As noted in the Motion to Suppress, Respondent informed Ms. Segedy that Respondent had an accident at home on May 15, 2021, in which she broke her back. She informed Ms. Segedy that she underwent a surgery on May 17, 2021. She informed Ms. Segedy that she is taking prescribed medications.[1] She also informed Ms. Segedy that she is bedridden due to the pain. Exhibits 1 and 2, attached to the Motion to Suppress. Such facts and circumstances do not show the Respondent was competent and made the statement knowingly and voluntarily.

The Board relies on Ms. Segedy's affidavit attached to its Opposition. While Ms. Segedy can give her opinion as to what she observed regarding the Respondent been "lucid and did not appear to be under influence of any drugs," the facts and circumstances of this case show otherwise.

C. The facts and special circumstances of this case show that the alleged admissions obtained during the course of investigation should not be admitted into evidence.

The Board argues the alleged admissions made by the Respondent should be admitted "as an admission of a party opponent." Opposition, at p.4. The Board relies on NRS 51.035(3)(a). The alleged admissions would have been

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[1] Attached Exhibit 3 shows the medications Respondent was taking from May 1, 2021 to August 30, 2021.

admissible had Respondent not being under duress and was competent when she made those alleged admissions.

D. Respondent is not arguing Miranda warnings should have been given to her before she made the alleged admissions.

The Board argues Miranda warning is not applicable to this case because the alleged admissions "were not made during custodial investigation. Opposition at pages 4-5. Respondent is not arguing application of Miranda warnings to this case.

Considering Respondent's condition due to her broken back, which caused her to undergone a serious back surgery in the form of laminectomy and fusion at T6-T8 levels, being in pain to the extent she was bedridden, being on prescribed medications, being under duress that if she does not sign the July 19 statement, there will be suspension of her license, the "Garrity warning" should have been given to Respondent by the Board's investigators.[2]

The "Garrity warning" is named after the Supreme Court case Garrity v. New Jersey. 385 U.S. 493 (1967). In Garrity, several police officers suspected of participating in a traffic ticket fixing scheme were questioned by

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[2] The records do not show her employer gave her "Garrity warning." Therefore, at October 13 hearing, Respondent will be objecting to the Board's proposed evidence from the employer on the grounds of lack of "Garrity warning" and other evidentiary rules.

investigators from the state attorney general's office. Prior to questioning, the officers were given warnings that if they refused to answer, they would be fired.[3] The officers agreed to answer the questions, and their answers were later used to convict them at trial. The Supreme Court held that the officers' answers were "compelled" in violation of the Fifth Amendment. Although the Garrity opinion did not mandate any particular warning in the way that *Miranda* did, after Garrity, federal and state agencies began to incorporate a *Garrity* warning when they question their employees during an investigation.[4] Although the wording of the *Garrity* warning will change from place to place, principally it serves to inform the employee that that any statements made will be used against him or her in Court, that he or she is free to refuse to answer questions, and most importantly, that a refusal to answer questions will not result in any adverse action against the employee—such as termination.

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[3] *In Respondent's case, Ms. Segedy warned her that if Respondent does not sign the July 19 statement, her license will be immediately suspended.*

[4] *Respondent is not an employee of the Board. However, the reasoning behind the* Garrity*'s decision makes it compelling that* Garrity Warning should have been given to Respondent. As noted in Respondent's Motion to Suppress, the Board of Pharmacy of some states do give Garrity Warning to the pharmacists under investigation. See Respondent's Motion to Suppress, page 4, footnote 5.

There are no statues, regulations, administrative codes, or Nevada case law that require "Garrity warning" be given to a pharmacist under investigation by the Board before the pharmacist signs a document that contains incriminating statements. This is the case of first impression in Nevada.

E. CONCLUSION

Based on the above, Ms. Alrass respectfully requests that her Motion to Suppress Evidence be granted.[5]

Dated this 25th day of September, 2021.

/s/ Persi J. Mishel
Persi J. Mishel, Esq.

[5] This Motion should not be interpreted as the only objection Respondent has to the Board's 42-page proposed evidence. Pursuant to NRS 233B.123(1), Respondent intends to object to several pages contained in the 42-page proposed evidence.

CERTIFICATE OF SERVICE

I hereby certify that on September 25th, 2021, I e-mailed RESPONDENT'S REPLY TO OPPOSITION TO MOTION TO SUPPRESS EVIDENCE to the following persons:

David Wuest, R.Ph., Executive Secretary Nevada
dwuest@pharmacy.nv.gov

Mark Sedar, Chief Operating Officer
msedar@pharmacy.nv.gov

Brett Kandt, Esq., General Counsel for the Board of Pharmacy
bkandt@pharmacy.nv.gov

/s/ Persi J. Mishel
Persi J. Mishel, Esq.

1748

Walgreens

Confidential Patient Information
Prescription Profile
05/01/2021 through 08/30/2021

Report date/time: 08/30/2021 11:29 AM

Patient Info: GHAYDA ALRASS
[redacted] LUCIANA DR
RENO, NV 89521-4288

Store Info: 12645 S VIRGINIA ST
RENO, NV 895118973
(775)853-9887

Patient Phone: [redacted]
Date of Birth: [redacted]
Gender: F
Allergy Conditions:
Health Conditions: We have health conditions on file

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1180569-02662	METOPROLOL ER SUCCINATE 100MG TABS Your insurance saved you $56.49	45963-0677-11	HAA	SCHAUPP, J.	GOODRX / 08241056463291180569	08/24/21	90.000	48.40
					Total Fillings: 1	Subtotal:	90.000	48.40
1193425-02662	AMITRIPTYLINE 50MG TABLETS Your insurance saved you $35.99	70710-1227-00	ARB	SCHAUPP, J.	WCARD / H71T9TE	05/11/21	150.000	50.00
					Total Fillings: 1	Subtotal:	150.000	50.00
1193864-02662	EZETIMIBE 10MG TABLETS Your insurance saved you $28.3	00781-5690-31	STT	SCHAUPP, J.	WDNDC / 211428382094012999	05/22/21	30.000	34.69
1193864-02662	EZETIMIBE 10MG TABLETS Your insurance saved you $33.74	00781-5690-31	HAA	SCHAUPP, J.	GOODRX / 08241055220411193864	08/24/21	30.000	29.25
					Total Fillings: 2	Subtotal:	60.000	63.94

Walgreens

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RENO, NV 89521-4288

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RENO, NV 895118973
(775)853-9887

Patient Phone: [redacted]
Date of Birth: [redacted]
Gender: F

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1201542-02662	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	00527-1695-05	ARB	SCHAUPP, J.	WDNDC / 211318322998014999	05/11/21	120.000	80.64
	Your insurance saved you $79.25							
					Total Fillings: 1	Subtotal:	120.000	80.64
1201545-02662	TRAMADOL 50MG TABLETS	65162-0627-11	STT	SCHAUPP, J.	WCARD / H73XMH1	05/13/21	240.000	77.85
	Your insurance saved you $106.04							
					Total Fillings: 1	Subtotal:	240.000	77.85
1202279-02662	ZOLPIDEM 10MG TABLETS	65862-0160-01	STT	SCHAUPP, J.	ECRE / 8292967105221G	05/22/21	30.000	24.68
	Your insurance saved you $45.31							
					Total Fillings: 1	Subtotal:	30.000	24.68
1209685-02662	OXYCODONE/ACETAMINOPHEN 5-325MG TAB	00406-0512-05	ARB	SHEPHERD, S.	ECRE / 63287211051536	05/15/21	10.000	11.36
	Your insurance saved you $5.63							
					Total Fillings: 1	Subtotal:	10.000	11.36

Walgreens

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Patient Phone: [redacted]
Date of Birth: [redacted]
Gender: F

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1211354-02662	POLYETH GLYC 3350 NF PWDR PACKS 14S Your insurance saved you $9.83	45802-0868-66	STT	BIRD, B.	ECRE / 80258191052l4G	05/21/21	30.000	65.14
					Total Fillings: 1	Subtotal:	30.000	65.14
1211355-02662	AMLODIPINE BESYLATE 5MG TABLETS Your insurance saved you $26.76	68180-0720-03	STT	BIRD, B.	ECRE / 79975981052l5G	05/21/21	30.000	19.23
					Total Fillings: 1	Subtotal:	30.000	19.23
1211356-02662	HYDROCODONE/ACETAMINOPHEN 5-325 TB Your insurance saved you $6.51	00406-0123-05	STT	BIRD, B.	ECRE / 79866971052l5G	05/21/21	12.000	11.08
					Total Fillings: 1	Subtotal:	12.000	11.08
1211372-02662	VITAMIN D3 1,000 UNIT TABLETS	31604-0026-83	STT	BIRD, B.	ECRE / 80252761052l9G	05/21/21	60.000	5.79
					Total Fillings: 1	Subtotal:	60.000	5.79

Walgreens

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Prescription Profile
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Report date/time: 08/30/2021 11:29 AM

Patient Info: CHAYDA ALRASS
[redacted] LUCIANA DR
RENO, NV 89521-4288

Store Info: 12645 S VIRGINIA ST
RENO, NV 895118973
(775)853-9887

Patient Phone: [redacted]
Date of Birth: [redacted]
Gender: F

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1211373-02662	LIDOCAINE 5% PATCH	00591-3525-30	STT	BIRD, B.	ECRE / 80024441052176	05/21/21	5.000	39.37
	Your insurance saved you $14.82							
					Total Fillings: 1	Subtotal:	5.000	39.37
1211769-02662	OXYCODONE 10MG IMMEDIATE REL TABS	10702-0056-01	STT	SCHAEFER, K.	ECRE / 82789751052246	05/22/21	84.000	25.11
	Your insurance saved you $80.88							
					Total Fillings: 1	Subtotal:	84.000	25.11
1211770-02662	METHOCARBAMOL 500MG TABLETS	70010-0754-01	STT	SCHAEFER, K.	ECRE / 82794871052296	05/22/21	100.000	33.28
	Your insurance saved you $19.91							
					Total Fillings: 1	Subtotal:	100.000	33.28
1214679-02662	HYDROCODONE/ACETAMINOPHEN 5-325 TB	00406-0123-05	STT	SANDERS, E.	ECRE / 22431171060256	06/02/21	8.000	9.39
	Your insurance saved you $4.4							
					Total Fillings: 1	Subtotal:	8.000	9.39

Walgreens

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RENO, NV 89521-4288

Store Info: 12645 S VIRGINIA ST
RENO, NV 895118973
(775)853-9887

Patient Phone: [redacted]
Date of Birth: [redacted]
Gender: F

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1214914-02662	AMITRIPTYLINE 50MG TABLETS	70710-1227-00	MLM	SCHAUPP, J.	ECRE / 2468345106032G	06/03/21	450.000	249.79
					Total Fillings: 1	Subtotal:	450.000	249.79
1215120-02662	OXYCODONE 10MG IMMEDIATE REL TABS Your insurance saved you $80.88	10702-0056-01	MLM	SCHAEFER, K.	ECRE / 2607516106035G	06/03/21	84.000	25.11
					Total Fillings: 1	Subtotal:	84.000	25.11
1216752-02662	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	00527-1695-05	ARB	SCHAUPP, J.	ECRE / 4251987106098G	06/09/21	120.000	159.89
1216752-02662	BUTALBITAL/ACETAMINOPHEN/CAFF TABS Your insurance saved you $79.4	00527-1695-05	HAA	SCHAUPP, J.	DSCDN / 7576748222	07/07/21	120.000	80.49
					Total Fillings: 2	Subtotal:	240.000	240.38

Walgreens

Confidential Patient Information
Prescription Profile
05/01/2021 through 08/30/2021

Report date/time: 08/30/2021 11:29 AM

Patient Info: GHAYDA ALRASS
[redacted] LUCIANA DR
RENO, NV 89521-4288

Store Info: 12645 S VIRGINIA ST
RENO, NV 895118973
(775)853-9887

Patient Phone: [redacted]
Date of Birth: [redacted]
Gender: F

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1218226-02662	OXYCODONE 10MG IMMEDIATE REL TABS	10702-0056-01	STT	GREGORY, K.	ECRE / 61946751061666	06/16/21	56.000	18.74
	Your insurance saved you $53.95							
					Total Fillings: 1	Subtotal:	56.000	18.74
1221061-02662	ZOLPIDEM 10MG TABLETS	71093-0156-04	HAA	SCHAUPP, J.	WCARD / HANAEFA	06/26/21	30.000	16.10
	Your insurance saved you $53.89							
					Total Fillings: 1	Subtotal:	30.000	16.10
1221256-02662	OXYCODONE 10MG IMMEDIATE REL TABS	10702-0056-01	STT	GREGORY, K.	ECRE / 8770484106258G	06/25/21	56.000	18.74
	Your insurance saved you $53.95							
					Total Fillings: 1	Subtotal:	56.000	18.74
1225770-02662	OXYCODONE 10MG IMMEDIATE REL TABS	10702-0056-01	BNH	SCHAEFER, K.	ECRE / 44638101071326	07/13/21	56.000	18.74
	Your insurance saved you $53.95							
					Total Fillings: 1	Subtotal:	56.000	18.74

Walgreens

Confidential Patient Information
Prescription Profile
05/01/2021 through 08/30/2021

Report date/time: 08/30/2021 11:29 AM

Patient Info: GHAYDA ALRASS
[redacted] LUCIANA DR
RENO, NV 89521-4288

Store Info: 12645 S VIRGINIA ST
RENO, NV 895118973
(775)853-9887

Patient Phone: [redacted]
Date of Birth: [redacted]
Gender: F

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1227859-02662	ZOLPIDEM 10MG TABLETS	65862-0160-01	HAA	SCHAUPP, J.	ECRE / 64920011072006	07/20/21	60.000	43.36
	Your insurance saved you $90.63							
					Total Fillings: 1	Subtotal:	60.000	43.36
1229256-02662	AMITRIPTYLINE 50MG TABLETS	70756-0203-12	HAA	SCHAUPP, J.	GOODRX / 07261028022161229256	07/26/21	450.000	141.51
	Your insurance saved you $108.28							
					Total Fillings: 1	Subtotal:	450.000	141.51
1229286-02662	OXYCODONE 10MG IMMEDIATE REL TABS	42858-0002-01	HAA	RAY, S.	ECRE / 79245671072626	07/26/21	56.000	12.64
	Your insurance saved you $60.05							
					Total Fillings: 1	Subtotal:	56.000	12.64
1231397-02662	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	00527-1695-05	STT	SCHAUPP, J.	GOODRX / 98797851080266	08/02/21	120.000	58.36
	Your insurance saved you $101.53							

Confidential Patient Information
Prescription Profile
05/01/2021 through 08/30/2021

Report date/time: 08/30/2021 11:29 AM

Patient Info: GHAYDA ALRASS
[redacted] LUCIANA DR
RENO, NV 89521-4288

Store Info: 12645 S VIRGINIA ST
RENO, NV 895118973
(775)853-9887

Patient Phone: [redacted]
Date of Birth: [redacted]
Gender: F

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1231397-02662	BUTALBITAL/ACETAMINOPHEN/CAFF TABS Your insurance saved you $101.53	00527-1695-05	STT	SCHAUPP, J.	GOODRX / 7944899108276G	08/27/21	120.000	58.36
					Total Fillings: 2	Subtotal:	240.000	116.72
[illegible]3543-02662	OXYCODONE 5MG IMMEDIATE REL TABS Your insurance saved you $21.05	00406-0552-01	STT	GREGORY, K.	ECRE / 2871616108093G	08/09/21	56.000	15.74
					Total Fillings: 1	Subtotal:	56.000	15.74
1237788-02662	OXYCODONE 5MG IMMEDIATE REL TABS Your insurance saved you $15.78	00406-0552-01	SRR	GREGORY, K.	ECRE / 6985410108246G	08/24/21	42.000	13.31
					Total Fillings: 1	Subtotal:	42.000	13.31

Walgreens

Confidential Patient Information
Prescription Profile
05/01/2021 through 08/30/2021

Report date/time: 08/30/2021 11:29 AM

Patient Info: GHAYDA ALRASS
[redacted] LUCIANA DR
RENO, NV 89521-4288
Patient Phone: [redacted]
Date of Birth: [redacted]
Gender: F

Store Info: 12645 S VIRGINIA ST
RENO, NV 895118973
(775)853-9887

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price

Total Scripts: 31 Total Price: 1496.14
Using generics saved you a total of 0.00
Using more generics could have saved you a total of 0.00
Your insurance saved you a total of 1428.73
Your cash quantity discount saved you a total of 0.00

The Manager and Staff at Walgreens
Thank You For Your Patronage
For your convenience, this information is available online at www.walgreens.com
Ask our pharmacy staff for more information.

Please be aware that certain insurance claim information may not be included in this report. Please speak with a pharmacy staff member if you have questions regarding payments for your prescriptions.

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FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333, and** **THOMAS E. STREBEL, RPH,** **Certificate of Registration Nos. 18239 and TD01379,** **Respondents.**	CASE NO. 19-053-CS-S 19-053-RPH-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 Kord T. Strebel, MD (Dr. Strebel), held a controlled substance registration, Certificate of Registration No. CS13593, and dispensing practitioner registration, Certificate of Registration No. PD00333; and Thomas E. Strebel, R.Ph. (pharmacist Strebel), held a pharmacist registration, Certificate of Registration No. 18239, and a dispensing technician registration, Certificate of Registration No. TD01379, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondents operate the Nevada Obstetrical Charity Clinic, located at 1950 Pinto Lane in Las Vegas.

3. On March 22, 2019, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found violations of Nevada law.

4. Respondents failed to keep complete and accurate records of nonsterile compounded drug products. Board staff reviewed approximately 110 compounding records and all lacked any documentation of the individual that performed the compounding or the individual that checked the final product.

5. Dr. Strebel failed to verify the accuracy of dispensed compounded drug products.

6. Respondents failed to establish and follow policies and procedures for compounding and dispensing nonsterile drug products.

7. Respondents failed to properly and accurately label prescriptions. Prescriptions reviewed showed errors made on the number of refills ordered by Dr. Strebel. Some prescriptions written with "NO" refills indicated "refills" on the electronic record and medication label, while other prescriptions written with refills indicated "NO" refills in the electronic record. Other prescriptions specified a beyond use date that predated the date of the prescription. Prescriptions also lacked mandated auxiliary labels for alcohol consumption warning.

8. Respondents had possession of unlabeled bottles of medication.

9. Respondents failed to conduct and maintain an accurate biennial inventory of controlled substances.

10. Dr. Strebel permitted Thomas Strebel to order, receive and have unrestricted access to the inventory of controlled substances, dangerous drugs and drug products at the Nevada Obstetrical Charity Clinic.

11. Dr. Strebel failed to upload required information to the Prescription Monitoring Program when dispensing controlled substances to several patients from November 4, 2017 to November 4, 2019.

12. On or about June 11, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found the violations of Nevada law detailed above ongoing.

13. On or about May 19, 2021, Board staff attempted to perform an annual inspection of the Nevada Obstetrical Charity Clinic and were denied entry.

14. On or about June 7, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found the violations of Nevada law detailed above ongoing.

15. On at least two occasions Dr. Strebel filled prescriptions - Prescription Nos. 501818 and 501846 - written by another practitioner and failed to strictly follow the instructions of the practitioner when filling and dispensing the medication.

FIRST CAUSE OF ACTION
Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products

16. By failing to keep complete and accurate records of nonsterile compounded drug products in a readily retrievable manner, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.6701, NAC 639.67019, NAC 639.742(5) and/or 21 CFR § 211.113(a), engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and/or (m), and are therefore subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

SECOND CAUSE OF ACTION
Failure to Verify Accuracy of Dispensed Compounded Drug Products
(Respondent Kord T. Strebel, MD)

17. By failing to verify the accuracy of dispensed compounded drug products, Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.742(5) and/or NAC 639.743(2) (a) & (b), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

THIRD CAUSE OF ACTION
Failure to Establish Policies and Procedures for Compounding and Dispensing Nonsterile Drug Products

18. By failing to establish and follow policies and procedures for compounding and dispensing nonsterile drug products, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.67015 and/or NAC 639.67035,

engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

FOURTH CAUSE OF ACTION
Failure to Properly and Accurately Label Prescriptions

19. By failing to properly and accurately label prescriptions, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.6703(1) and/or NAC 639.745(1)(a), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

FIFTH CAUSE OF ACTION
Possession of Unlabeled Bottles of Medication

20. By possessing and storing unlabeled bottles of medication, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.476 and/or NAC 639.510, engaged in unprofessional conduct as defined in NAC 639.945(1)(d), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

SIXTH CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances

21. By failing to maintain at least two years' worth of biennial inventories of controlled substances in a readily retrievable manner, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.246, NAC 453.475(1)(b) and (2), NAC 639.482(a) and (b), NAC 639.487(4), NAC 639.510, 21 U.S.C. § 842(a)(5) and/or 21 CFR § 1304.11, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

SEVENTH CAUSE OF ACTION
Permitting Unrestricted Access to Drug Inventory
(Respondent Kord T. Strebel, MD)

22. By permitting Thomas Strebel to order, receive and have unrestricted access to the inventory of controlled substances, dangerous drugs and drug products at the Nevada Obstetrical Charity Clinic, Dr. Strebel violated, attempted to violate, assisted or abetted in the

violation of or conspired to violate NAC 649.742(3), NAC 639.743 and/or 21 CFR § 1301.71, 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) and/or (12).

EIGHTH CAUSE OF ACTION

Failure to Report Dispensing of Controlled Substances

(Respondent Kord T. Strebel, MD)

23. By failing to upload required information to the Prescription Monitoring Program when dispensing controlled substances, Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.163, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

NINTH CAUSE OF ACTION

Unlawful Dispensing

(Respondent Kord T. Strebel, MD)

24. Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.742 and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when he verified data entry as accurate and the final product on prescriptions as accurate when they were not and dispensed prescriptions written by other practitioners, and is subject to discipline pursuant to NRS 639.210(4) and (12).

TENTH CAUSE OF ACTION

Failure to Permit Access for Inspection

25. By denying Board staff entry to perform an annual inspection on or about May 19, 2021, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(6), NAC 453.300, NRS 454.286, NRS 454.291, NRS 639.090, NRS 639.236-.239, NRS 639.289, NAC 639.245, NAC 639.482-.489 and/or NAC 639.935(4) engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

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 23rd day of July, 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, Petitioner, v. **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333,** **Respondent.**	CASE NO. 19-053-CS-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, 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 23rd day of July, 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. **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333,** **Respondent.**	CASE NO. 19-053-CS-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

KORD T. STREBEL, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kord T Strebel, MD
[redacted] Pinto Ln
Las Vegas, NV 89106

KRISTOPHER MANGOSING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **THOMAS E. STREBEL, RPH, Certificate of Registration Nos. 18239 and TD01379,** **Respondent.**	CASE NO. 19-053-RPH-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, 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 23rd day of July, 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. **THOMAS E. STREBEL, RPH, Certificate of Registration Nos. 18239 and TD01379,** **Respondent.**	CASE NO. 19-053-RPH-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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.

_____

THOMAS E. STREBEL, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Thomas E. Strebel, RPH
[redacted] Pinto Ln
Las Vegas, NV 89106

KRISTOPHER MANGOSING

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This matter is continued to a future Board Meeting.

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FILED
AUG 13 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID HOWARD BABIT, PT,** **Certificate of Registration No. PT10272,** **Respondent.**	**CASE NO. 21-098-PT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent David Howard Babit, PT, held a Nevada pharmaceutical technician registration, Certificate of Registration No. PT10272, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 21, 2020, Respondent entered into a plea agreement in *United States vs. David Howard Babit*, Case No. 2:20-cr-00276-GMN-EJY, wherein he pled guilty to two felony counts of coercion and enticement of a minor to engage in sexual activity in violation of 21 U.S.C. § 2422(b).

3. On or about August 4, 2021, Board staff notified Respondent that his conviction on two felony counts of violating 21 U.S.C. § 2422(b), as detailed in the plea agreement in *United States vs. David Howard Babit*, Case No. 2:20-cr-00276-GMN-EJY, operated as an immediate suspension of his Certificate of Registration No. PT10272 with the Board pursuant to NRS 639.2121.

FIRST CAUSE OF ACTION
Not of Good Moral Character

4. The Board may revoke or suspend a registration if the holder is not of good moral character. NRS 639.210(1).

5. By his coercion and enticement of a minor to engage in sexual activity in violation of 21 U.S.C. § 2422(b) as detailed in the plea agreement in *United States vs. David Howard Babit*, Case No. 2:20-cr-00276-GMN-EJY, Respondent has demonstrated that he is not of good moral character and is subject to discipline pursuant to NRS 639.210(4).

SECOND CAUSE OF ACTION
Conviction of Crime Involving Moral Turpitude

6. The Board may revoke or suspend a registration if the holder has been convicted of a crime involving moral turpitude. NRS 639.210(7)(c).

7. Respondent was convicted on two felony counts of violating 21 U.S.C. § 2422(b), a crime involving moral turpitude, as detailed in the plea agreement in *United States vs. David Howard Babit*, Case No. 2:20-cr-00276-GMN-EJY, and is subject to discipline pursuant to NRS 639.210(7)(c).

8. The suspension of Respondent's Certificate of Registration No. PT10272 pursuant to NRS 639.2121 is subject to review by the Board pursuant to NRS 639.255(1)(c).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 13th day of August, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. DAVID HOWARD BABIT, PT, Certificate of Registration No. PT10272, Respondent.	CASE NOS. 21-098-PT-S STATEMENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 13th day of August, 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. DAVID HOWARD BABIT, PT, Certificate of Registration No. PT10272, Respondent.	CASE NO. 21-098-PT-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.

_____

DAVID HOWARD BABIT, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

David Howard Babit
[redacted] Erato Falls Street
Las Vegas, NV 89148

SHIRLEY HUNTING

NICHOLAS A. TRUTANICH
United States Attorney
District of Nevada
Nevada Bar Number 13644
BIANCA R. PUCCI
Assistant United States Attorney
501 Las Vegas Blvd. South, Suite 1100
Las Vegas, Nevada 89101
Phone: (702) 388-6336
Bianca.Pucci@usdoj.gov
Attorneys for the United States of America

X FILED RECEIVED
ENTERED SERVED ON
COUNSEL/PARTIES OF RECORD

November 4, 2020

CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: ASB DEPUTY

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA,

Plaintiff,

v.

DAVID HOWARD BABIT,

Defendant.

No. 2:20-cr-276-GMN-EJY

Plea Agreement for Defendant David Howard Babit Pursuant to Fed. R. Crim. P. 11(c)(1)(A) and (B)

This plea agreement between David Howard Babit ("defendant") and the United States Attorney's Office for the District of Nevada (the "USAO") sets forth the parties' agreement regarding the criminal charges referenced herein and the applicable sentences, fines, restitution, and forfeiture in the above-captioned case. This agreement binds only defendant and the USAO and does not bind the district court, the U.S. Probation Office, or any other federal, state, local, or foreign prosecuting, enforcement, administrative, or regulatory authorities. This agreement does not prohibit the USAO or any agency or third party from seeking any other civil or administrative remedies, including civil forfeiture *in rem,* directly or indirectly against defendant or defendant's property.

This agreement becomes effective upon signature by defendant, defendant's counsel, and an Assistant United States Attorney.

I. DEFENDANT'S OBLIGATIONS

1. Defendant agrees to:

a. Give up the right to indictment by a grand jury and, at the earliest opportunity requested by the USAO and provided by the Court, appear and plead guilty to a two-count information in the form attached to this agreement as Exhibit A or a substantially similar form, which charges defendant with *Coercion and Enticement*, in violation of 18 U.S.C. § 2422(b) (Count 1 – Victim 1) and *Coercion and Enticement*, in violation of 18 U.S.C. § 2422(b) (Count 2 – Victim 2).

b. Stipulate to the facts agreed to in this agreement;

c. Abide by all agreements regarding sentencing contained in this agreement;

d. Not seek to withdraw defendant's guilty pleas once they are entered;

e. Appear for all court appearances, surrender as ordered for service of sentence, obey all conditions of any bond, and obey any other ongoing court order in this matter;

f. Not commit any federal, state, or local crime;

g. Be truthful at all times with the U.S. Probation and Pretrial Services Offices and the Court;

h. Before and after sentencing, upon request by the Court, the USAO, or the Probation Office, provide accurate and complete financial information, submit sworn statements, and/or give depositions under oath concerning defendant's assets and defendant's ability to pay. As part of the required disclosure, defendant agrees to provide any and all financial information and authorizations requested by the Probation Office for preparation of the Presentence Report. Defendant further agrees that, upon filing of this agreement, the USAO is authorized to obtain defendant's credit report. Defendant will also complete a financial form provided by the USAO, to include all supporting documentation, and return it to the USAO

within three (3) weeks from entry of the plea. Defendant agrees that the district court may enter any order necessary to effectuate or facilitate disclosure of defendant's financial information.

i. To facilitate payment of any fine, forfeiture, restitution, or assessment, surrender assets defendant obtained directly or indirectly as a result of defendant's crimes. Defendant agrees to voluntarily release funds and property under defendant's control or in which defendant has any property interest, before and after sentencing, to pay any fine or restitution identified in this agreement, agreed to by the parties, or ordered by the Court.

j. Agree to and not oppose the imposition of the following special conditions of probation or supervised release:

i. Search and Seizure – The defendant must submit his person, property, house, residence, vehicle, papers, computers (as defined in 18 U.S.C. § 1030(e)(1)), other electronic communications or data storage devices or media, or office, to a search conducted by a United States Probation Officer. Failure to submit to a search may be grounds for revocation of release. The defendant must warn any other occupants that the premises may be subject to searches pursuant to this condition. The probation officer may conduct a search under this condition only when reasonable suspicion exists that you have violated a condition of supervision and that the areas to be searched contain evidence of this violation. Any search must be conducted at a reasonable time and in a reasonable manner.

ii. Sex Offender Treatment – The defendant shall participate in a sex offense-specific treatment program and follow the rules and regulations of that program. The probation officer will supervise your participation in the program (provider, location, modality, duration, intensity, etc.)

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iii. Polygraph Testing – The defendant must submit to periodic polygraph testing at the discretion of the probation officer as a means to ensure that he is in compliance with the requirements of his supervision or treatment program.

iv. Pornography Prohibition – The defendant must not view or possess any "visual depiction" (as defined in 18 U.S.C. § 2256(5)), or any photograph, film, video, picture, or computer or computer-generated image or picture, whether made or produced by electronic, mechanical, or other means, of "sexually explicit conduct" (as defined by 18 U.S.C. § 2256(2)) involving children , or "actual sexually explicit conduct" (as defined by 18 U.S.C. § 2257(h)(1)) involving adults. These restrictions do not apply to materials necessary to, and used for, any future appeals, or materials prepared or used for the purposes of sex-offender treatment.

v. Computer Search – The defendant must submit his computers (as defined in 18 U.S.C. § 1030(e)(1)) or other electronic communications or data storage devices or media, to a search. A probation officer may conduct a search pursuant to this condition only when reasonable suspicion exists that there is a violation of a condition of supervision and that the computer or device contains evidence of this violation. Any search must be conducted at a reasonable time and in a reasonable manner.

vi. Computer Monitoring – To enable the computer search condition, the defendant must submit your computers (as defined in 18 U.S.C. § 1030(e)(1)) or other electronic communications or data storage devices or media, to the installation of computer monitoring software by the probation officer.

vii. Computer Search - Monitoring Software - To ensure compliance with the computer monitoring condition, the defendant must allow the probation officer to conduct periodic, unannounced searches of any computers (as defined in 18 U.S.C. § 1030(e)(1)) subject to computer monitoring. These searches shall be conducted for the purposes of

determining whether the computer contains any prohibited data prior to installation of the monitoring software; to determine whether the monitoring software is functioning effectively after its installation; and to determine whether there have been attempts to circumvent the monitoring software after its installation. The defendant must warn any other people who use these computers that the computers may be subject to searches pursuant to this condition

viii. Minor Prohibition – the defendant shall not have direct contact with any child you know or reasonably should know to be under the age of 18, not including his own children, without the permission of the probation officer. If the defendant has any direct contact with any child the defendant knows or reasonably should know to be under the age of 18, not including his own children, without the permission of the probation officer, the defendant must report this contact to the probation officer within 24 hours. Direct contact includes written communication, in-person communication, or physical contact. Direct contact does not include incidental contact during ordinary daily activities in public places.

ix. Place Restriction - Children Under 18 – The defendant must not go to, or remain at, any place primarily used by children under the age of 18, unless he has the express prior permission of your Probation Officer. Examples of such prohibited places include parks, schools, playgrounds, and childcare facilities

x. Report to Probation Officer After Release from Custody – The defendant shall report, in person, to the probation office in the district to which he is released within 72 hours of discharge from custody.

k. Defendant agrees that restitution shall be ordered due and payable in full immediately after the judgment is entered, and that the full amount of any restitution ordered is subject to immediate enforcement and collection by the USAO or defendant's victims, or both. Defendant agrees that any schedule of payments entered by the district court is a schedule of the

minimum payment due and does not prohibit or limit the methods by which the USAO may immediately enforce and collect the judgment in full. Defendant acknowledges that restitution may not be discharged, in whole or in part, in any present or future bankruptcy proceeding.

l. Child Pornography Restitution: The USAO and defendant stipulate and agree that the child pornography images received, distributed, or possessed by defendant depicted images of victims being sexually abused and further agree that a victim's knowledge that images of his or her abuse are being disseminated and possessed by others caused certain victims to be re-victimized and has resulted in harm that is distinct from that suffered from the actual contact physical sexual abuse, thus such victims are harmed by the actions of defendant. In consequence of these factors, if the USAO meets its burden under 18 U.S.C. § 2259, 18 U.S.C. § 3663, and pursuant to *Paroline v. United States*, 134 S. Ct. 1710 (2014), defendant agrees to pay restitution in the amount of $3,000 per victim, for any victim who may be identified through the Child Victim Identification Program (CVIP) or Child Recognition Identification System (CRIS) and who requests restitution prior to sentencing. Defendant agrees to pay this amount without requiring the USAO to disaggregate the loss attributed to the original sexual abuse or to other persons who disseminated, received, or possessed the child pornography images, from defendant's actions in this case. Defendant stipulates and agrees to the imposition of such restitution despite not being convicted of possession of child pornography pursuant to 18 U.S.C. § 3663(a)(3) which "authoriz[es] sentencing courts to award restitution to the extent agreed upon by the parties in a plea agreement, even if beyond those acts for which the defendant was convicted."

m. The forfeiture of the property and the imposition of the forfeiture of the property as set forth in this Plea Agreement and the Forfeiture Allegation of the Criminal Information.

II. THE USAO'S OBLIGATIONS

2. The USAO agrees to:

a. Stipulate to facts agreed to in this agreement;

b. Abide by all agreements regarding sentencing contained in this agreement;

c. At sentencing, provided that defendant demonstrates an acceptance of responsibility for the offenses up to and including the time of sentencing, recommend a two-level reduction in the applicable sentencing guidelines offense level, pursuant to USSG § 3E1.1, and move for an additional one-level reduction if available under that section;

d. Not bring any additional charges against defendant arising out of the investigation in the District of Nevada which culminated in this agreement and based on conduct known to the USAO. However, the USAO reserves the right to prosecute defendant for (a) any crime of violence as defined by 18 U.S.C. § 16; and (b) any criminal tax violations (including conspiracy to commit such violations chargeable under 18 U.S.C. § 371). Defendant agrees that the district court at sentencing may consider any uncharged conduct in determining the applicable sentencing guidelines range, the propriety and extent of any departure from that range, and the sentence to be imposed after consideration of the sentencing guidelines and all other relevant factors under 18 U.S.C. § 3553(a).

III. ELEMENTS OF THE OFFENSES

3. Counts One and Two: The elements of *Coercion and Enticement* under 18 U.S.C. § 2422(b) are as follows:

First: The defendant knowingly persuaded, induced, enticed, or coerced, and attempted to, the Victim to engage in any sexual activity;

Second: The defendant used the Internet, the mail, a telephone, a cell phone, or any facility or means of interstate or foreign commerce to do so;

Third: When the defendant did these acts, the defendant believed that the Victim was less than 18 years of age; and

Fourth: That, had the sexual activity actually occurred, one or more of the individuals engaging in the sexual activity could have been charged with a criminal offense, to wit: *Sexual Exploitation of Children*, in violation of 18 U.S.C. § 2251(a).

See Eleventh Circuit Model Criminal Jury Instructions No. O92.2 (Revised 2016) and Fifth Circuit Pattern Jury Instruction 2.91 (2015).

IV. CONSEQUENCES OF CONVICTION

4. Maximum and Minimum Statutory Penalties:

a. Defendant understands that the statutory maximum sentence the district court can impose for each violation of 18 U.S.C. § 2422(b) as charged in Counts One and Two, is: life imprisonment; lifetime supervised release; a fine of $250,000 or twice the gross gain or gross loss resulting from the offenses, whichever is greatest.

b. Defendant understands that the statutory mandatory minimum sentence that the Court must impose for a violation of 18 U.S.C. § 2422(b) as charged in Counts One and Two is: ten years of imprisonment, followed by a five-year period of supervised release, and a mandatory special assessment of $100.

c. Defendant understands, therefore, that the total maximum sentence for all offenses to which defendant is pleading guilty is: life imprisonment; a lifetime period of supervised release; a fine of $500,000 or twice the gross gain or gross loss resulting from the offenses, whichever is greatest; and a mandatory special assessment of $200.

5. Mandatory Restitution Pursuant to 18 U.S.C. § 2429: Defendant understands that defendant will be required to pay full restitution to the victims of the offenses to which defendant

is pleading guilty. Defendant agrees that, in return for the USAO's compliance with its obligations under this agreement, the Court may order restitution to persons other than the victims of the offenses to which defendant is pleading guilty and in amounts greater than those alleged in the counts to which defendant is pleading guilty. In particular, defendant agrees that the Court may order restitution to any victim of any of the following for any losses suffered by that victim as a result: (a) any relevant conduct, as defined in USSG § 1B1.3, in connection with the offenses to which defendant is pleading guilty and (b) any charges not prosecuted pursuant to this agreement as well as all relevant conduct, as defined in USSG § 1B1.3, in connection with those counts and charges. This restitution includes all identified victims, including those for which defendant was not convicted (Victim 3 and Victim 4), pursuant to 18 U.S.C. § 3663(a)(3) which "authoriz[es] sentencing courts to award restitution to the extent agreed upon by the parties in a plea agreement, even if beyond those acts for which the defendant was convicted."

6. Criminal Forfeiture: Defendant understands that the district court will impose forfeiture of the property.

7. JVTA Special Assessment: Defendant understands that, pursuant to the Justice for Victims of Trafficking Act of 2015, the Court shall impose an additional $5,000 special assessment per count if the Court concludes that defendant is a non-indigent person, to be paid after defendant's other financial obligations have been satisfied.

8. SORNA Registration: Defendant understands and agrees that under the Sex Offender Registration and Notification Act ("SORNA"), 34 U.S.C. 20901 et. seq., defendant must register as a sex offender and keep the registration current in each of the following jurisdictions: (1) where defendant resides; (2) where defendant is an employee; and (3) where defendant is a student. Defendant understands that he must comply with all the registration requirements contained in SORNA. 42 U.S.C. § 16901 et. seq. Defendant further understands

that the requirements for registration include, but are not limited to, providing defendant's name, residence address, and the names and addresses of any places where defendant is or will be an employee or a student.

Defendant further understands that the requirement to keep the registration current includes, but is not limited to, informing at least one jurisdiction in which defendant resides, is an employee, or is a student no later than three business days after any change of defendant's name, residence, employment, or student status. Defendant has been advised, and understands, that failure to comply with these obligations subjects defendant to an additional prosecution for failure to register as a sex offender under 18 U.S.C. § 2250(a).

9. Parole Abolished: Defendant acknowledges that defendant's prison sentence cannot be shortened by early release on parole because parole has been abolished.

10. Supervised Release: Defendant understands that supervised release is a period of time following imprisonment during which defendant will be subject to various restrictions and requirements. Defendant understands that if defendant violates one or more of the conditions of any supervised release imposed, defendant may be returned to prison for all or part of the term of supervised release authorized by statute for the offense that resulted in the term of supervised release.

11. Factors under 18 U.S.C. § 3553: Defendant understands that the district court must consider the factors set forth in 18 U.S.C. § 3553(a) in determining defendant's sentence. However, the statutory maximum sentence and any statutory minimum sentence limit the district court's discretion in determining defendant's sentence.

12. Potential Collateral Consequences of Conviction: Defendant understands that, by pleading guilty, defendant may be giving up valuable government benefits and valuable civic rights, such as the right to vote, the right to possess a firearm, the right to hold office, and the

right to serve on a jury. Defendant understands that once the district court accepts defendant's guilty pleas, it will be a federal felony for defendant to possess a firearm or ammunition. Defendant understands that the conviction in this case may also subject defendant to various other collateral consequences, including but not limited to revocation of probation, parole, or supervised release in another case and suspension or revocation of a professional license. Defendant understands that unanticipated collateral consequences will not serve as grounds to withdraw defendant's guilty pleas.

13. Potential Removal/Deportation Consequences of Conviction: Defendant understands that, if defendant is not a United States citizen, the felony conviction in this case may subject defendant to removal, also known as deportation, which may, under some circumstances, be mandatory; denial of citizenship; and denial of admission to the United States in the future. The district court cannot, and defendant's attorney also may not be able to, advise defendant fully regarding the immigration consequences of the felony conviction in this case. Defendant understands that unexpected immigration consequences will not serve as grounds to withdraw defendant's guilty pleas.

V. FACTUAL BASIS

14. Defendant admits that defendant is, in fact, guilty of the offenses to which defendant is agreeing to plead guilty. Defendant acknowledges that if defendant elected to go to trial instead of pleading guilty, the USAO could prove defendant's guilt beyond a reasonable doubt and establish its right to forfeit the specified property by preponderance of the evidence. Defendant further acknowledges that defendant's admissions and declarations of fact set forth below satisfy every element of the charged offenses. Defendant waives any potential future claim that the facts defendant admitted below are insufficient to satisfy the elements of the charged

offenses. Defendant admits and declares under penalty of perjury that the facts set forth below are true and correct:

Beginning on a date unknown and continuing to on or about April 24, 2017, defendant utilized the Internet applications LiveMe, ooVoo, Skype, and Snapchat, to contact Victim 1 (female) and Victim 2 (male). Both Victim 1 and Victim 2 were 12-years-old at the time defendant contacted them and both victims lived in Alabama. Victim 1 and Victim 2 were step-siblings. Victims 1 and 2 told defendant their true ages and relationship to each other. Defendant used the alias "Michael Diaz" and "Mike" when speaking with the victims and claimed to be a 16-year-old boy with a 13-year-old sister. When speaking to Victim 1, defendant claimed to be from Arizona; when speaking to Victim 2, defendant claimed to be from California. Defendant initially asked for pictures of the faces of Victim 1 and Victim 2 but soon began to ask for nude images. Defendant then directed the victims to create videos and images conducting sex acts with each other. In his attempts to convince them, defendant told the victims that it was okay to "do something" with your step-sister because he was taking showers with his 13-year-old sister and "doing things with her." Victim 2 blocked defendant on Skype, LiveMe, and Snapchat. However, defendant kept finding ways to locate the victims and demanded Victim 2 to unblock him.

At defendant's request, Victim 1 sent a picture to defendant of Victim 1 appearing to touch, but not actually touching, Victim 2's naked penis. Victim 2 also sent photos of his nude penis to defendant at defendant's request.

On or about April 23, 2017, Victim 2's mother took Victim 2's phone as punishment. While Victim 2's mother possessed the phone, a notification from Snapchat alerted the mother to a message defendant sent to Victim 2. Victim 2's mother looked at some of the Snapchat messages from defendant to Victim 2. She observed that defendant sent a picture of a naked

adult male penis followed by the message of "Are you ready to fuck [Victim 1]?" The next morning, Victim 2's mother spoke with Victim 1 and Victim 2, and then contacted law enforcement to report defendant's actions.

Investigators recovered Victim 1's cell phone during the investigation and conducted a forensic examination on it. Investigators located a chat between Victim 1 and defendant using the name "Joker Smith" on ooVoo.com. The full username was joker00762@im1.oovoo.com. The chat occurred between April 21, 2017, and April 22, 2017. The following is a portion of that conversation:

From	**Comment**
Defendant	"y you han up"
Victim 1	"I couldn't see yo face
"
Defendant	"let me see you naked and i will"
Victim 1	"no"
Defendant	"bye"
Defendant	"im sad"
Victim 1	(Indecipherable comment)[1]
Defendant	"i need to cum and I want to see you so bad"
. . .	
Defendant	"don't be shy"
Defendant	"you going to be shy for [Victim 2]"
Victim 1	"I'm about to get dressed &#xD'"
Defendant	"can I see you naked please"
Defendant	"let me see your pussy"
. . .	
Defendant	"let me see and you can"
Defendant	"see your not naked"
Defendant	"tyou lied"
Defendant	"you said you were naked"
Defendant	"get naked and i will"
Defendant	"both get naked and i will"
Defendant	"i don't believe you"
Defendant	"please"
Defendant	"how do i know your naked"
Defendant	"[Victim 1] get naked and i will"

[1] Some of the language that is indecipherable may be due to the use of emoji's (e.g.
).

Investigators were ultimately able to determine the user of the above-identified account used an internet protocol address registered to defendant at [redacted] Erato Falls Street, Las Vegas, Nevada 89148. Investigators conducted a routine records search for defendant and learned defendant committed a similar offense in August of 2009 involving Victim 3. Victim 3 was 13-years-old and defendant coerced Victim 3 into sending sexually explicit images online, including a picture of her bare chest.

On December 1, 2017, law enforcement executed a search warrant at defendant's residence of XXXX Erato Falls Street, Las Vegas, Nevada 89148. During the execution of the search warrant, Las Vegas Metropolitan Police Department investigators conducted a recorded interview with defendant. Investigators advised defendant of his *Miranda* rights. Defendant waived his rights and spoke with investigators. Defendant admitted to utilizing Snapchat, Kik, Skype, Oovoo, and Stickam applications and the email address of [redacted] Defendant also confessed to chatting with preteens and possessing child pornography. He identified his Skype user name as '[redacted]'.

Investigators located and recovered eleven devices at defendant's residence, including the property listed in Section X, Paragraph 30, Section (a) of this plea agreement. Defendant admits that he is and was the sole owner of all the recovered devices. While viewing files located on item 1, the Lenovo desktop, the Forensic Examiner located a folder called "my Oovoo." The folder contained files in which defendant, using the name "Joker Smith" and the username [redacted], spoke with numerous female prepubescent children approximately 10 to 12-years-old. During these chats, defendant had his camera covered preventing the child from viewing him; however, defendant could view the child. In these chats, defendant directed the children to reveal themselves in lewd ways that constituted child pornography. Investigators identified Victim 4 from these chats and images. Victim 4 was 11-years-old at the time of

defendant's arrest. At least 788 unique images and at least 1,280 unique videos of child pornography were located on defendant's Lenovo Desktop computer. Additional images and videos of child pornography were located on five additional devices belonging to defendant, including images depicting Victims 1, 2, and 4.

The defendant admits that the property listed in Section X, Paragraph 30, Section (a) contained (1) any visual depiction described in Title 18, United States Code, Section 2252A, or any book, magazine, periodical, film, videotape, or other matter which contains any such visual depiction, which was produced, transported, mailed, shipped or received in violation of Title 18, United States Code, Section 2252A(a)(2) and (b) any property, real or personal, used or intended to be used to commit or to promote the commission of Title 18, United States Code, Section 2252A(a)(2) or any property traceable to such property, and is subject to forfeiture pursuant to Title 18, United States Code, Section 2253(a)(1) and (a)(3).

VI. SENTENCING FACTORS

15. Discretionary Nature of Sentencing Guidelines: Defendant understands that in determining defendant's sentence, the district court is required to calculate the applicable sentencing guidelines range and to consider that range, possible departures under the sentencing guidelines, and the other sentencing factors set forth in 18 U.S.C. § 3553(a). Defendant understands that the sentencing guidelines are advisory only, that defendant cannot have any expectation of receiving a sentence within the calculated sentencing guidelines range, and that after considering the sentencing guidelines and the other § 3553(a) factors, the district court will be free to exercise its discretion to impose any sentence it finds appropriate between the mandatory minimum and up to the maximum set by statute for the crimes of conviction.

16. Offense Level Calculations: The parties jointly agree and stipulate that, in calculating Defendant's advisory guidelines sentencing range, the Court should use the following

base offense level and adjustments; acknowledge that these stipulations do not bind the district court; and agree that they will not seek to apply or advocate for the use of any other base offense level(s) or any other specific offense characteristics, enhancements, or reductions in calculating the advisory guidelines range:

Count One (Victim 1):

Base Offense Level USSG § 2G1.3(a)(3):	28
Misrepresentation of identity USSG § 2G1.3(b)(2):	+2
Use of a computer USSG § 2G1.3(b)(3):	+2
Adjusted Offense Level:	**32**

Count Two (Victim 2):

Base Offense Level USSG § 2G1.3(a)(3):	28
Misrepresentation of identity USSG § 2G1.3(b)(2):	+2
Use of a computer USSG § 2G1.3(b)(3):	+2
Adjusted Offense Level:	**32**

Grouping USSG § 3D1:

Group One – Count One (Offense Level 32) Units:	1
Group Two – Count Two (Offense Level 32) Units:	1
Total Units	2
Resulting Increase in Offense Level USSG §3D1.4	+2
Total Adjusted Offense Level:	**34**
Pattern of Activity USSG § 4B1.5	+5
Total Combined Adjusted Offense Level:	**39**

17. Reduction for Acceptance of Responsibility: Under USSG § 3E1.1(a), the USAO will recommend that defendant receive a two-level downward adjustment for acceptance of

responsibility unless defendant (a) fails to truthfully admit facts establishing a factual basis for the guilty pleas when defendant enters the pleas; (b) fails to truthfully admit facts establishing the amount of restitution owed when defendant enters the guilty pleas; (c) fails to truthfully admit facts establishing the forfeiture allegations when defendant enters the guilty pleas; (d) provides false or misleading information to the USAO, the Court, Pretrial Services, or the Probation Office; (e) denies involvement in the offenses or provides conflicting statements regarding defendant's involvement or falsely denies or frivolously contests conduct relevant to the offenses; (f) attempts to withdraw defendant's guilty pleas; (g) commits or attempts to commit any crime; (h) fails to appear in court; or (i) violates the conditions of pretrial release.

Under USSG § 3E1.1(b), if the district court determines that defendant's total offense level before operation of § 3E1.1(a) is 16 or higher, and if the USAO recommends a two-level downward adjustment pursuant to the preceding paragraph, the USAO will move for an additional one-level downward adjustment for acceptance of responsibility before sentencing because defendant communicated defendant's decision to plead guilty in a timely manner that enabled the USAO to avoid preparing for trial and to efficiently allocate its resources.

18. Criminal History Category. Defendant acknowledges that the district court may base defendant's sentence in part on defendant's criminal record or criminal history. The district court will determine defendant's criminal history category under the sentencing guidelines.

19. Additional Sentencing Information: The stipulated sentencing guidelines calculations are based on information now known to the parties. Defendant understands that both defendant and the USAO are free to (a) supplement the facts in this agreement by supplying relevant information to the U.S. Probation and Pretrial Services Offices and the district court regarding the nature, scope, and extent of defendant's criminal conduct and any aggravating or mitigating facts or circumstances; and (b) correct any and all factual misstatements relating to the

district court's sentencing guidelines calculations and determination of sentence. While this paragraph permits both the USAO and defendant to submit full and complete factual information to the U.S. Probation and Pretrial Services Offices and the district court, even if that factual information may be viewed as inconsistent with the facts agreed to in this agreement, this paragraph does not affect defendant's and the USAO's obligations not to contest the facts agreed to in this agreement. Good faith efforts to provide truthful information or to correct factual misstatements shall not be grounds for defendant to withdraw defendant's guilty pleas.

Defendant acknowledges that the U.S. Probation Office may calculate the sentencing guidelines differently and may rely on additional information it obtains through its investigation. Defendant also acknowledges that the district court may rely on this and other additional information as it calculates the sentencing guidelines range and makes other sentencing determinations, and the district court's reliance on such information shall not be grounds for defendant to withdraw defendant's guilty pleas.

VII. POSITIONS REGARDING SENTENCING

20. The USAO will recommend that the district court sentence defendant within the advisory guideline range as determined by the district court. Defendant may argue for a downward variance pursuant to 18 U.S.C. § 3553.

21. Defendant acknowledges that the district court does not have to follow the recommendation of either party.

22. Notwithstanding its agreement to recommend a sentence as described above, the USAO reserves its right to defend any lawfully imposed sentence on appeal or in any post-conviction litigation.

23. If defendant commits any act that results in the Court finding that defendant is not entitled to a downward adjustment for acceptance of responsibility, the USAO is entitled to

argue for any sentence it deems appropriate under 18 U.S.C. § 3553(a). In any such event, Defendant remains bound by the provisions of this agreement and shall not have the right to withdraw defendant's guilty pleas.

VIII. WAIVER OF CONSTITUTIONAL RIGHTS

24. Defendant understands that by pleading guilty, defendant gives up the following rights:

a. The right to persist in a plea of not guilty;

b. The right to a speedy and public trial by jury;

c. The right to be represented by counsel—and if necessary have the court appoint counsel—at trial. Defendant understands, however, that, defendant retains the right to be represented by counsel—and if necessary have the court appoint counsel—at every other stage of the proceeding;

d. The right to be presumed innocent and to have the burden of proof placed on the USAO to prove defendant guilty beyond a reasonable doubt;

e. The right to confront and cross-examine witnesses against defendant;

f. The right to testify and to present evidence in opposition to the charges, including the right to compel the attendance of witnesses to testify;

g. The right not to be compelled to testify, and, if defendant chose not to testify or present evidence, to have that choice not be used against defendant; and

h. The right to pursue any affirmative defenses, Fourth Amendment or Fifth Amendment claims, and any other pretrial motions that have been filed or could be filed.

25. Understanding that the investigating agency has in its possession digital devices and/or digital media seized from defendant, defendant waives any right to the return of digital data contained on those digital devices and/or digital media and agrees that if any of these

digital devices and/or digital media are returned to defendant, the agency may delete all digital data from those digital devices and/or digital media before they are returned to defendant.

IX. WAIVER OF APPELLATE RIGHTS

26. Waiver of Appellate Rights. Defendant knowingly and expressly waives: (a) the right to appeal any sentence imposed within or below the applicable Sentencing Guideline range as determined by the district court; (b) the right to appeal the manner in which the district court determined that sentence on the grounds set forth in 18 U.S.C. § 3742; and (c) the right to appeal any other aspect of the conviction, including but not limited to the constitutionality of the statutes of conviction; any other aspect of the sentence; and any order of restitution or forfeiture.

27. Defendant reserves only the right to appeal any portion of the sentence that is an upward departure or variance from the applicable Sentencing Guideline range as determined by the district court.

28. Waiver of Post-Conviction Rights. Defendant also knowingly and expressly waives all collateral challenges, including any claims under 28 U.S.C. § 2255, to defendant's conviction, sentence, and the procedure by which the district court adjudicated guilt and imposed sentence, except non-waivable claims of ineffective assistance of counsel.

29. Preservation of Evidence: Defendant acknowledges that the USAO and the agencies investigating this case are not obligated or required to preserve any evidence obtained in the investigation of this case.

X. FORFEITURE

30. The defendant knowingly and voluntarily:

a. Agrees to the district court imposing the civil judicial forfeiture or the criminal forfeiture of:

i. Lenovo Desktop Computer, SN: ES11584791;

ii. HP Desktop Computer, SN: CNH7310662;

iii. Samsung S7 Edge Cell Phone, IMEI: 357751075148178;

iv. Samsung GTP511TS Tablet, SN: R32C7038AYL;

v. Western Digital External Hard Drive, SN: WCC4N2RV7FFI; and

vi. HP 15-G23IDS Laptop Computer, SN: CND51000FT

(all of which constitutes property);

b. Agrees to the abandonment, the civil administrative forfeiture, the civil judicial forfeiture, or the criminal forfeiture of the property;

c. Abandons or forfeits the property to the United States;

d. Relinquishes all possessory rights, ownership rights, and all rights, titles, and interests in the property;

e. Waives defendant's right to any abandonment proceedings, any civil administrative forfeiture proceedings, any civil judicial forfeiture proceedings, or any criminal forfeiture proceedings of the property (proceedings);

f. Waives service of process of any and all documents filed in this action or any proceedings concerning the property arising from the facts and circumstances of this case;

g. Waives any further notice to defendant, defendant's agents, or defendant's attorney regarding the abandonment or the forfeiture and disposition of the property;

h. Agrees not to file any claim, answer, petition, or other documents in any proceedings concerning the property; agrees not to contest, or to assist any other person or entity in contesting, the forfeiture; and agrees to withdraw immediately any claim, answer, petition, or other documents in any proceedings;

i. Waives the statute of limitations, the CAFRA requirements, Fed. R. Crim. P. 7, 11, 32.2, and 43(a), including, but not limited to, forfeiture notice in the charging

document, the court advising defendant of the forfeiture at the change of plea, the court having a forfeiture hearing, the court making factual findings regarding the forfeiture, the court failing to announce the forfeiture at sentencing, and all constitutional requirements, including but not limited to, the constitutional due process requirements of any proceedings concerning the property;

j. Waives defendant's right to a jury trial on the forfeiture of the property;

k. Waives all constitutional, legal, and equitable defenses to the forfeiture or abandonment of the property in any proceedings, including, but not limited to, (1) constitutional or statutory double jeopardy defenses and (2) defenses under the Excessive Fines or Cruel and Unusual Punishments Clauses of the Eighth Amendment to the United States Constitution;

l. Agrees to the entry of an Order of Forfeiture of the property to the United States;

m. Waives the right to appeal any Order of Forfeiture;

n. Agrees the property is forfeited to the United States;

o. Agrees and understands the abandonment, the civil administrative forfeiture, the civil judicial forfeiture, or the criminal forfeiture of the property shall not be treated as satisfaction of any assessment, fine, restitution, cost of imprisonment, or any other penalty the Court may impose upon defendant in addition to the abandonment or the forfeiture;

p. Agrees and understands the USAO may amend the forfeiture order at any time to add subsequently located property or substitute property pursuant to Fed. R. Crim. P. 32.2(b)(2)(C) and 32.2(e);

q. Acknowledges that the amount of the forfeiture may differ from, and may be significantly greater than or less than, the amount of restitution; and

r. Agrees to take all steps as requested by the USAO to pass clear title of the property to the United States and to testify truthfully in any judicial forfeiture proceedings. Defendant understands and agrees that the property represents proceeds and/or facilitating property of illegal conduct and is forfeitable. Defendant shall provide the USAO with a full and complete financial disclosure statement under penalty of perjury within 10 days of executing the plea agreement. The financial statement shall disclose to the USAO all of assets and financial interests valued at more than $1,000. Defendant understands these assets and financial interests include all assets and financial interests that defendant has an interest, direct or indirect, whether held in defendant's name or in the name of another, in any property, real or personal. Defendant shall also identify all assets valued at more than $1,000 which defendant has transferred to third parties or diverted from defendant directly to third parties, since April 24, 2017, including the location of the assets and the identity of any third party.

s. The defendant admits the property is (1) any property, real or personal, that was used or intended to be used to commit or to facilitate the commission of 18 U.S.C. § 2422(b) and (2) any property, real or personal, used or intended to be used to commit or to facilitate the commission of 18 U.S.C. § 2422(b), and is subject to forfeiture pursuant to 18 U.S.C. § 2428(a)(1) and 18 U.S.C. § 2428(b)(1)(A) with 28 U.S.C. § 2461(c).

XI. RESULT OF WITHDRAWAL OF GUILTY PLEAS OR VACATUR/REVERSAL/SET-ASIDE OF CONVICTIONS

31. Consequence of withdrawal of guilty pleas: Defendant agrees that if, after entering guilty pleas pursuant to this agreement, defendant seeks to withdraw and succeeds in withdrawing defendant's guilty pleas on any basis other than a claim and finding that entry into this agreement was involuntary, then (a) the USAO will be relieved of all of its obligations under this agreement and (b) should the USAO choose to pursue any charge that was either dismissed or not filed as a result of this agreement, then (i) any applicable statute of limitations will be

tolled between the date of defendant's signing of this agreement and the filing commencing any such action; and (ii) defendant waives and gives up all defenses based on the statute of limitations, any claim of pre-indictment delay, or any speedy trial claim with respect to any such action, except to the extent that such defenses existed as of the date of defendant's signing this agreement.

32. Consequence of vacatur, reversal, or set-aside: Defendant agrees that if any count of conviction is vacated, reversed, or set aside, the USAO may: (a) ask the district court to resentence defendant on any remaining counts of conviction, with both the USAO and defendant being released from any stipulations regarding sentencing contained in this agreement; (b) ask the district court to void the entire plea agreement and vacate defendant's guilty pleas on any remaining counts of conviction, with both the USAO and defendant being released from all their obligations under this agreement; or (c) leave defendant's remaining convictions, sentence, and plea agreement intact. Defendant agrees that the choice among these three options rests in the exclusive discretion of the USAO, and that, should the USAO choose to pursue any charge that was either dismissed or not filed as a result of this agreement, then (i) any applicable statute of limitations will be tolled between the date of defendant's signing of this agreement and the filing commencing any such action; and (ii) defendant waives and gives up all defenses based on the statute of limitations, any claim of pre-indictment delay, or any speedy trial claim with respect to any such action, except to the extent that such defenses existed as of the date of defendant's signing this agreement.

XII. BREACH OF AGREEMENT

33. Defendant agrees that if, at any time after this agreement becomes effective, defendant knowingly violates or fails to perform any of defendant's obligations under this agreement ("a breach"), the USAO may declare this agreement breached. All of defendant's

obligations are material, a single breach of this agreement is sufficient for the USAO to declare a breach, and defendant shall not be deemed to have cured a breach without the express agreement of the USAO in writing. If the USAO declares this agreement breached, and the district court finds such a breach to have occurred, then: (a) if defendant has previously entered guilty pleas pursuant to this agreement, defendant will remain bound by the provisions of this agreement and will not be able to withdraw the guilty pleas, and (b) the USAO will be relieved of all its obligations under this agreement.

34. Following the Court's finding of a knowing breach of this agreement by defendant, should the USAO choose to pursue any charge that was either dismissed or not filed as a result of this agreement, then:

a. Defendant agrees that any applicable statute of limitations is tolled between the date of defendant's signing of this agreement and the filing commencing any such action.

b. Defendant waives and gives up all defenses based on the statute of limitations, any claim of pre-indictment delay, or any speedy trial claim with respect to any such action, except to the extent that such defenses existed as of the date of defendant's signing this agreement.

c. Defendant agrees that: (i) any statements made by defendant, under oath, at the guilty plea hearing (if such a hearing occurred prior to the breach); (ii) the agreed to factual basis statement in this agreement; and (iii) any evidence derived from such statements, shall be admissible against defendant in any such action against defendant, and defendant waives and gives up any claim under the United States Constitution, any statute, Federal Rule of Evidence 410, Federal Rule of Criminal Procedure 11(f), or any other federal rule, that the statements or any evidence derived from the statements should be suppressed or are inadmissible.

XIII. COURT AND UNITED STATES PROBATION AND PRETRIAL SERVICES OFFICE NOT PARTIES.

35. Defendant understands that the Court and the U.S. Probation and Pretrial Services Office are not parties to this agreement and need not accept any of the USAO's sentencing recommendations or the parties' agreements to facts or sentencing factors.

36. Defendant understands that both defendant and the USAO are free to argue on appeal and collateral review that the district court's sentencing guidelines calculations and the sentence it chooses to impose are not error.

37. Defendant understands that even if the district court ignores any sentencing recommendation, finds facts or reaches conclusions different from those agreed to by the parties, or imposes any sentence up to the maximum established by statute, defendant cannot, for that reason, withdraw defendant's guilty pleas, and defendant will remain bound to fulfill all defendant's obligations under this agreement. Defendant understands that no one—not the prosecutor, defendant's attorney, or the Court—can make a binding prediction or promise regarding the sentence defendant will receive, except that it will be within the statutory maximum.

XIV. ADDITIONAL ACKNOWLEDGMENTS

38. The Defendant acknowledges that:

a. Defendant read this agreement and defendant understands its terms and conditions.

b. Defendant had adequate time to discuss this case, the evidence, and this agreement with defendant's attorney.

c. Defendant carefully and thoroughly discussed all terms of this agreement with defendant's attorney.

d. Defendant understands the terms of this agreement and voluntarily agrees to those terms.

e. Defendant has discussed with defendant's attorney the following: the evidence; defendant's rights; possible pretrial motions that might be filed; possible defenses that might be asserted either prior to or at trial; the sentencing factors set forth in 18 U.S.C. 3553(a); the relevant sentencing guidelines provisions; and consequences of entering into this agreement.

f. The representations contained in this agreement are true and correct, including the factual basis for defendant's offenses set forth in this agreement.

g. Defendant was not under the influence of any alcohol, drug, or medicine that would impair defendant's ability to understand the agreement when defendant considered signing this agreement and when defendant signed it.

39. Defendant understands that defendant alone decides whether to plead guilty or go to trial, and acknowledges that defendant has decided to enter defendant's guilty pleas knowing of the charges brought against defendant, defendant's possible defenses, and the benefits and possible detriments of proceeding to trial.

40. Defendant understands that no promises, understandings, or agreements other than those set forth in this agreement have been made or implied by defendant, defendant's attorney, or the USAO, and no additional promises, agreements, or conditions shall have any force or effect unless set forth in writing and signed by all parties or confirmed on the record before the district court.

41. Defendant acknowledges that defendant decided to plead guilty voluntarily and that no one threatened, coerced, or forced defendant to enter into this agreement.

42. Defendant is satisfied with the representation of defendant's attorney, and defendant is pleading guilty because defendant is guilty of the charges and chooses to take advantage of the promises set forth in this agreement and for no other reason.

XV. PLEA AGREEMENT PART OF THE GUILTY PLEA HEARING

43. The parties agree that this agreement will be considered part of the record of defendant's guilty plea hearing as if the entire agreement had been read into the record of the proceeding.

AGREED AND ACCEPTED

UNITED STATES ATTORNEY'S OFFICE
FOR THE DISTRICT OF NEVADA

NICHOLAS A. TRUTANICH
United States Attorney

Brian R. Pucci — 10/5/2020

BIANCA R. PUCCI
Assistant United States Attorney — Date

David Babit — 9/21/2020

DAVID HOWARD BABIT
Defendant — Date

J Tomsheck — 9/21/2020

JOSHUA TOMSHECK
Attorney for Defendant David Howard Babit — Date

Attachment A

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United States Attorney
District of Nevada
Nevada Bar Number 13644
BIANCA R. PUCCI
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Representing the United States of America

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

UNITED STATES OF AMERICA, Plaintiff, v. DAVID HOWARD BABIT, Defendant.	Case No. 2:20-cr- **Criminal Information** Count One: *Coercion and Enticement* 18 U.S.C. § 2422(b) Count Two: *Coercion and Enticement* 18 U.S.C. § 2422(b)

THE UNITED STATES ATTORNEY FOR THE DISTRICT OF NEVADA

CHARGES THAT:

COUNT ONE
Coercion and Enticement

Beginning on a date unknown, and continuing to on or about April 24, 2017, in the State and Federal District of Nevada,

DAVID HOWARD BABIT,

defendant herein, while using a facility or means of interstate and foreign commerce, did

knowingly, and attempted to, persuade, induce, entice, and coerce, Victim 1, who had not attained the age of 18 years, to engage in prostitution or any sexual activity for which any person could be charged with a criminal offense, to wit: *Sexual Exploitation of Children*, in violation of 18 U.S.C. § 2251(a), all in violation of 18 U.S.C. § 2422(b).

COUNT TWO
Coercion and Enticement

Beginning on a date unknown, and continuing to on or about April 24, 2017, in the State and Federal District of Nevada,

DAVID HOWARD BABIT,

defendant herein, while using a facility or means of interstate and foreign commerce, did knowingly, and attempted to, persuade, induce, entice, and coerce, Victim 2, who had not attained the age of 18 years, to engage in prostitution or any sexual activity for which any person could be charged with a criminal offense, to wit: *Sexual Exploitation of Children*, in violation of 18 U.S.C. § 2251(a), all in violation of 18 U.S.C. § 2422(b).

FORFEITURE ALLEGATION
Coercion and Enticement

1. The allegations contained in Counts One and Two of this Criminal Indictment are hereby realleged and incorporated herein by reference for the purpose of alleging forfeiture pursuant to 18 U.S.C. § 2428(a)(1) and 18 U.S.C. § 2428(b)(1)(A) with 28 U.S.C. § 2461(c).

2. Upon conviction of any of the felony offenses charged in Counts One and Two of this Criminal Indictment,

DAVID HOWARD BABIT,

defendant herein, shall forfeit to the United States of America, any property, real or personal, that was used or intended to be used to commit or to facilitate the commission of 18

U.S.C. § 2422(b):

defendant herein, shall forfeit to the United States of America, any property, real or personal, used or intended to be used to commit or to facilitate the commission of 18 U.S.C. § 2422(b):

a. Lenovo Desktop Computer, SN: ES11584791;

b. HP Desktop Computer, SN: CNH7310662;

c. Samsung S7 Edge Cell Phone, IMEI: 357751075148178;

d. Samsung GTP511TS Tablet, SN: R32C7038AYL;

e. Western Digital External Hard Drive, SN: WCC4N2RV7FFI; and

f. HP 15-G23IDS Laptop Computer, SN: CND51000FT.

3. All pursuant to 18 U.S.C. §§ 2422(b) and 2428(a)(1) and 18 U.S.C. § 2428(b)(1)(A) with 28 U.S.C. § 2461(c).

DATED this _____ day of May, 2020.

NICHOLAS A. TRUTANICH
United States Attorney

_____
BIANCA R. PUCCI
Assistant United States Attorney

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, 2021

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: kingdb@aol.com

David Howard Babit
[redacted] Erato Falls Street
Las Vegas, NV 89148

Re: Suspension of Certificate of Registration No. PT10272

Dear Mr. Babit:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Department of Justice that you have pled guilty to two felony counts of coercion and enticement of a minor to engage in sexual activity in violation of 21 U.S.C. § 2422(b) (documentation enclosed).

Please be advised that pursuant to NRS 639.2121 your plea agreement operates as an immediate suspension of your Certificate of Registration No. PT10272 with the Board.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosure

5U

FILED
AUG 25 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN DAHL, RPH,** **Certificate of Registration No. 17735, and** **DAHL'S SPECIALTY PHARMACY OF CARSON, License No. PH03605,** **Respondent.**	**CASE NOS. 21-069-RPH-N** **21-069-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Nathan Dahl, R.Ph., Certificate of Registration No. 17735, was a pharmacist registered by the Board, and Respondent Dahl's Specialty Pharmacy of Carson, License No. PH03605 (Dahl's Pharmacy), was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Respondent Nathan Dahl (Dahl) owned and operated Respondent Dahl's Specialty Pharmacy of Carson (Dahl's Pharmacy) at the time of the events alleged herein.

3. On or about February 3, 2021, D.L. was prescribed dalfampridine 5mg to be compounded in capsule form, 120 capsules, to be taken orally, 1 capsule 4x per day, with five (5) refills. The prescription was transmitted to Dahl's Pharmacy and designated as Prescription No. 5070945.

4. Between February 3 and May 12, 2021, each month Dahl compounded, filled and dispensed Prescription No. 5070945, 5mg dalfampridine, 120 capsules, for D.L. D.L. was Dahl's only patient taking dalfampridine during this period of time.

5. On or about May 12, 2021, Dahl dispensed Prescription No. 5070945 which contained a mixture of capsules compounded on April 20, 2021, lot #4202021, and May 10, 2021, lot #5102021.

6. Between May 12 and May 23, 2021, D.L. ingested Prescription No. 5070945 as directed by her physician, one capsule 4x per day.

7. On or about May 23, 2021, as a direct and proximate result of ingesting Prescription No. 5070945, D.L. began experiencing symptoms of a dalfampridine overdose and was transported via Care Flight from Carson City to Renown Regional Medical Center where she was diagnosed with toxic encephalopathy and status epilepticus and placed on life support.

8. On June 1, 2021, D.L.'s daughter advised Dahl of D.L.'s condition and questioned whether Prescription No. 5070945 was correctly compounded. Dahl stated that he would have the capsules tested.

9. On June 2, 2021, D.L.'s daughter provided Dahl with ten (10) capsules to be tested.

10. On June 3, 2021, Dahl left D.L.'s daughter a voicemail message representing that lab results indicated the correct dosage of 5mg dalfampridine per capsule.

11. On June 9, 2021, Dahl represented to Board investigator Monica Segedy (Segedy) that he sent ten capsules to Eagle Analytical Laboratories located in Texas (Eagle) to be tested, and that Eagle notified him the following day that each capsule contained 5mg of dalfampridine. Segedy requested Dahl provide her with a copy of the lab report from Eagle documenting their findings.

12. On or about June 9, 2021, D.L.'s daughter provided Segedy with fifty (50) dalfampridine capsules from Prescription No. 5070945.

13. On June 15, 2021, Dahl represented to Segedy that Eagle only did a mass spectrometry test on the capsules Dahl provided rather than a full assay test, that Eagle charged a $3500 fee for a full assay test, and without conducting a full assay test Eagle would not provide a written lab report.

14. Later on June 15, 2021, Dahl represented to Segedy that Eagle had agreed to provide a written lab report for the mass spectrometry test for a $500 charge and that he would email a copy of the written lab report later by the end of the day.

15. On June 16, 2021, Segedy contacted Dahl and inquired about the status of the Eagle lab report. Dahl represented that he did not have a lab report and that he had decided to have a full assay test conducted through ARL Bio Pharma in Oklahoma (ARL).

16. On June 16, 2021, Segedy asked Dahl to confirm that he did in fact send dalfampridine capsules to Eagle for a mass spectrometry test as previously represented. Dahl represented that the capsules were sent to ARL rather than Eagle and that he would provide a copy of the ARL lab report by the end of the day.

17. Later on June 16, 2021, Dahl represented to Segedy that ARL would not provide him with a written lab report.

18. On June 16, 2021, an Eagle representative advised Segedy that the lab never received any dalfampridine capsules from Dahl's Pharmacy for testing.

19. On June 16, 2021, Segedy sent two (2) of the suspect capsules to ARL for a complete assay test of the dalfampridine potency.

20. On June 21, 2021, an ARL representative advised Segedy that the lab never received any dalfampridine capsules from Dahl's Pharmacy for testing.

21. On June 30, 2021, Segedy questioned Dahl about the veracity of his statements on testing of the capsules; Dahl admitted that contrary to his previous statement he never at any time sent any capsules to either Eagle or ARL for testing.

22. On or about July 12, 2021, the Board received a certificate of analysis from ARL confirming that one of the capsules tested at 19.48 mg of dalfampridine, 4 times the prescribed dosage.

23. Inasmuch as it cannot be determined which batch the high potency capsule came from, lot #4202021 or lot #5102021, Dahl erroneously compounded the drug on or about April 20, 2021, or May 10, 2021, at 4 times the prescribed dosage.

24. On or about July 21, 2021, Dahl's Pharmacy ceased to do business and permanently closed.

FIRST CAUSE OF ACTION

Error in Compounding/Unprofessional Conduct

(Respondent Nathan Dahl)

25. A pharmacy engaged in the practice of compounding drug products and dispensing compounded drug products shall ensure that each pharmacist engaged in the practice of compounding drug products is competent and proficient in compounding and complies with the provisions of NAC 639.661 -.690, *inclusive*. NAC 639.67013.

26. Failing to strictly follow the instructions of a practitioner when filling, labeling, and dispensing a prescription constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(d) and is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(4).

27. 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).

28. The Board may suspend or revoke a registration if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

29. Respondent Nathan Dahl violated NAC 639.67013 and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he erroneously compounded and dispensed Prescription No. 5070945, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION

False Statements in Course of Investigation

(Respondent Nathan Dahl)

30. Willfully making a materially false statement or falsifying records in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

31. 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).

32. In the course of the Board's investigation, Respondent Nathan Dahl falsified records and willfully made false statements as to the compounding, dispensing and subsequent testing of Prescription No. 5070945, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 639.210(4) and (9).

THIRD CAUSE OF ACTION

Pharmacy/Pharmacy Owner Responsibility

(Respondent Dahl's Specialty Pharmacy of Carson)

33. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5). Further, the owner of any business or

facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

34. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Dahl's Specialty Pharmacy of Carson is responsible for those violations, including all errors and omissions of Respondent Nathan Dahl, pursuant to NRS 639.230(5) and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the registration/license of each Respondent.

Signed this 25th day of August, 2021.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of
J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **NATHAN DAHL, RPH,** **Certificate of Registration No. 17735,** **Respondent.**	CASE NOS. 21-069-RPH-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 25th day of August, 2021.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of
J. David Wuest, R.Ph., Executive Secretary of the 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 25th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Nathan Dahl, R.Ph.
[redacted] Whitaker Lane
Fallon, NV 89406

Dahl's Specialty Pharmacy of Carson
1007 N. Curry St.
Carson City, NV 89703

SHIRLEY HUNTING

FILED
SEP 27 2021
NEVADA STATE BOARD OF PHARMACY

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-980-1888
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlaw.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN DAHL, RPH,** **Certificate of Registration No. 17735, and** **DAHL'S SPECIALTY PHARMACY OF CARSON, License No. PH03605,** **Respondents.**	**CASE NOS. 21-069-RPH-N** **21-069-PH-N** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents Nathan Dahl, R.Ph. and Dahl's Specialty Pharmacy of Carson, by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Respondents admit, deny, and allege as follows:

JURISDICTION

1. Respondents admit the allegations in paragraph 1.

FACTUAL ALLEGATIONS

2. Respondents admit the allegations in paragraph 2

3. Respondents admit the allegations in paragraph 3.

4. Respondents admit the allegations in paragraph 4.

5. Respondents admit the allegations in paragraph 5.

6. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 6 and therefore deny the same.

7. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 7 and therefore deny the same.

8. Respondents admit that on or about June 1, 2021, D.L.'s daughter advised Dahl of D.L.'s condition and questioned whether Prescription No. 5070945 was correctly compounded. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 8 and therefore deny the same. Dahl reviewed the log record and prescription record with D.L.'s daughter. At some point, whether on June 1 or later, Dahl stated he would have the capsules tested.

9. Respondents admit the allegations in paragraph 9.

10. Respondents deny the allegations in paragraph 10. Rather, on or about June 3, 2021, Dahl contacted Eagle Labs. After reviewing the Certificate of Analysis and the pharmacy's logs for the capsules, he was told by Eagle Labs that the capsules should be correct. Dahl left a voicemail for DL's daughter reporting his conversation with Eagle Labs.

11. Respondents deny the allegations in paragraph 11.

12. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 12 and therefore deny the same.

13. Respondents deny the allegations in paragraph 13. Rather, Dahl learned that Eagle Labs could not perform full assays on capsules. Eagle Labs could perform a mass spectrometry on the capsule ingredients, but this would not determine the amount of dalfampridine in each capsule.

14. Respondents deny the allegations in paragraph 14. Rather, on June 15, 2021, Dahl looked for labs that could conduct tests on individual capsules. He contacted ARL Bio Pharma ("ARL Bio"), located in Oklahoma City and was told ARL Bio could perform chemical identity tests on the capsules. This test would provide the quantity of dalfampridine in each capsule. Dahl sent all ten capsules to ARL Bio for testing. ARL Bio confirmed that it received ten capsules from Dahl's Specialty Pharmacy on June 16, 2021. *See* emails between Nathan Dahl and Michael Darnaby of ARL Bio attached as Exhibit A.

15. Respondents admit that allegations in paragraph 15. Because Dahl had learned that Eagle Labs could not conduct a full assay of the capsules, he sent the capsules to ARL Bio.

16. Respondents admit Dahl represented that the ten capsules were sent to ARL Bio rather than Eagle Labs. Respondents initially received information from an ARL Bio representative that a result could be provided the same day. Dahl represented this information to Segedy. Later that day, an ARL representative asked the purpose of the assay. After Dahl explained that a patient had ingested capsules from the same lot and that he needed to know the amount of dalfampridine in each capsule. The ARL Bio representative stated that because this was an ingestion, the test would have to be conducted as a forensic test that would take at least ten days. Dahl explained the urgency of the situation and the ARL Bio representative said the tests could be finished in five business days for an additional fee. Dahl agreed to pay the fee for accelerated turnaround. *See* Exhibit A. Respondents lack sufficient knowledge to admit or deny the remaining allegations in paragraph 16 and therefore deny the same.

17. Respondents admit that on or about June 16, 2021, Dahl represented to Segedy that ARL could not provide a written lab report on that same day. Dahl stated this because of the new information he received from ARL Bio (i.e., that even by paying a fee for accelerated turnaround, the tests would take five business days). *See* Exhibit A and paragraph 16 above.

18. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 18 and therefore deny the same. However, because Dahl learned that Eagle Labs could not conduct an assay of individual capsules, Dahl never sent the capsules to Eagle Labs. Rather, he sent the ten capsules to ARL Bio. Dahl had already explained this to Segedy.

19. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 19 and therefore deny the same.

20. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 20 and therefore deny the same. Contrary to the allegations in paragraph 20, Dahl received confirmation by email from ARL Bio that ARL Bio received the capsules on June 16, 2021. *See* email confirmation attached as Exhibit A.

21. Respondents admit that Segedy questioned Dahl on June 30, 2021. However, Dahl did not contradict his previous statements. As he had previously stated, Dahl had not sent capsules to Eagle Labs once he discovered Eagle Labs would not have been able to perform a complete assay on the capsules that would provide the quantity of dalfampridine in each capsule. Respondents deny that Dahl stated he never sent capsules to ARL Bio because he in fact did send capsules to ARL Bio as evidenced by the email confirmation attached as Exhibit A. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 21 and therefore deny the same.

22. Respondents admit they have received from Board staff a certificate of analysis that reflects the results of one of the capsules as alleged in paragraph 22. One of the capsules contained 5.35 mg of dalfampridine.

23. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 23 and therefore deny the same.

24. Respondents admit that allegations in paragraph 24.

FIRST CAUSE OF ACTION
Error in Compounding/Unprofessional Conduct
(Respondent Nathan Dahl)

25. Paragraph 25 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 25 implies any unprofessional or unlawful conduct, Respondents deny the same.

26. Paragraph 26 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 26 implies any unprofessional or unlawful conduct, Respondents deny the same.

27. Paragraph 27 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 27 implies any unprofessional or unlawful conduct, Respondents deny the same.

28. Paragraph 28 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 28 implies any unprofessional or unlawful conduct, Respondents deny the same.

29. Respondents deny the allegations in paragraph 29.

SECOND CAUSE OF ACTION
False Statements in Course of Investigation
(Respondent Nathan Dahl)

30. Paragraph 30 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 30 implies any unprofessional or unlawful conduct, Respondents deny the same.

31. Paragraph 31 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 31 implies any unprofessional or unlawful conduct, Respondents deny the same

32. Respondents deny the allegations in paragraph 32.

THIRD CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Dahl's Specialty Pharmacy of Carson)

33. Paragraph 33 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 33 implies any unprofessional or unlawful conduct, Respondents deny the same.

34. Respondents deny the allegations in paragraph 34.

OTHER DEFENSES

35. Each cause of action fails to state a claim upon which relief can be granted.

36. The Nevada Board of Pharmacy cannot as a matter of law determine whether any effects Patient D.L. allegedly experienced were the "direct and proximate" result of ingesting prescription 5070945 without expert medical opinion and medical records.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

37. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

38. To the extent Respondents did not specifically admit allegations in the Notice, they deny such allegations.

PRAYER FOR RELIEF

39. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

40. That the Board dismiss all Causes of Acton in in the Notice.

41. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 27th day of September 2021.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Nathan Dahl, RPh
Dahl's Specialty Pharmacy of
Carson

CERTIFICATE OF SERVICE

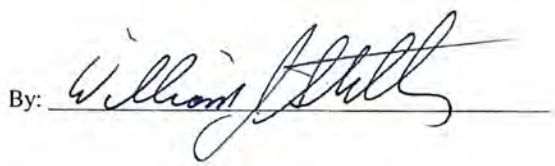
I hereby certify that on September 27, 2021, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road E217
Las Vegas, NV 89119
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

By: 

Gmail nate dahl <natedahl@dahlsrx.com>

ARL - New Client Packet and Price Book

11 messages

Darnaby, Michael <mdarnaby@arlok.com> Tue, Jun 15, 2021 at 8:20 AM
To: "natedahl@dahlsrx.com" <natedahl@dahlsrx.com>

Good morning Nathan,

Thank you for inquiring about our testing services here at ARL! We would love to help you with your testing needs.

To get started with ARL, please see the attached "Welcome!" packet that has sample submission steps using our online portal, sample guidelines, and a few forms we would need filled out to set up your account:

- Billing/Client Information Form
- Credit Card Authorization Form
- A copy of your pharmacy's W9

Once we have these 3 items, we can set up your account. You can send these forms in with your samples, or send directly to me, whichever is more convenient for you.

I have also attached our 2021 Price Book which outlines our routine testing services, sample requirements, and turnaround times. Per our conversation, potency testing of dalfampridine (4-aminopyridine) is $160 per test and has a 3 business day turnaround time. We would need 5 capsules per potency test.

If you have any questions at all, such as a step-by-step walkthrough of the sample submission process, help with setting up your online portal account, or any other testing questions, please do not hesitate to contact me. I am more than happy to help in any capacity!

Thank you,

Michael Darnaby - Client Services Representative

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

Phone: (405) 271-1144 or Toll free:1-800-393-1595

Fax: (405) 271-1174

www.arlok.com

ARL
BIO PHARMA

This electronic mail and the materials attached with this transmission are the private confidential property of the sender, and the materials are privileged communications intended solely for the use, benefit, and information of the intended recipient indicated above. If you are not the intended recipient, you are hereby notified that review, disclosure, copying, distribution, or the taking of any other action in reliance on the contents of this transmission is strictly prohibited, and may result in legal liability on your part. If you have received the transmission in error, please notify us immediately at the email address listed above and arrange for the destruction or return of this transmission to us.

2 attachments

ARL Price Book 2021 (June).pdf
1991K

Welcome to ARL (Pharmacy) 2021.pdf
1690K

nate dahl <natedahl@dahlsrx.com> Wed, Jun 16, 2021 at 12:18 PM

To: "Darnaby, Michael" <mdarnaby@arlok.com>

Michael

Attached is the W9 and other info. Accounting should have my credit card info. If not please let me know.
[Quoted text hidden]
--

Nathan Dahl
PharmD, RPH

Dahl's Pharmacy Compounding and Specialty
9607 N Curry Street

Carson City, NV 89703

Phone: 1-844-914-9067

Fax: 775-885-8347

Website: dahlspharmacy.com

CONFIDENTIALITY NOTICE: The contents of this email message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information and may be legally protected from disclosure. If you are not the intended recipient of this message or their agent, or if this message has been addressed to you in error, please immediately alert the sender by reply email and then delete this message and any attachments. If you are not the intended recipient, you are hereby notified that any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.

ARL LABS.pdf
100K

Darnaby, Michael <mdarnaby@arlok.com> Wed, Jun 16, 2021 at 12:23 PM
To: nate dahl <natedahl@dahlsrx.com>

Hello Mr. Dahl,

This is great, thank you for providing this.

I called over to our accounting team, and they did not receive your email with your credit card form. Could you resend and attached me on the email, if possible? I may need to get with our IT team to see what happened with this.

I will have your quote over to you ASAP.

Thank you.

Michael Darnaby Client Services Representative

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

Phone: (405) 271-1144 or Toll free:1-800-393-1595

Fax: (405) 271-1174

www.arlok.com

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From: nate dahl <natedahl@dahlsrx.com>
Sent: Wednesday, June 16, 2021 2:19 PM
To: Darnaby, Michael <mdarnaby@arlok.com>
Subject: Re: ARL - New Client Packet and Price Book

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

[Quoted text hidden]

Darnaby, Michael <mdarnaby@arlok.com> Wed, Jun 16, 2021 at 1:22 PM
To: nate dahl <natedahl@dahlsrx.com>

Hello Mr. Dahl,

Attached is the requested quote with the accelerated turnaround time of 5 business days. Please let me know if you have any questions.

Thank you.

Michael Darnaby · Client Services Representative

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

Phone: (405) 271-1144 or Toll free:1-800-393-1595

Fax: (405) 271-1174

www.arlok.com

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[Quoted text hidden]

Dahl's Specialty Pharmacy (NV) Verification of ID and Quant of 4-aminopyridine (210616).pdf
729K

nate dahl <natedahl@dahlsrx.com> Wed, Jun 16, 2021 at 1:46 PM
To: "Darnaby, Michael" <mdarnaby@arlok.com>

Michael

I have spoken with the State Board about the price and they are going to send a separate sample and we are going to split the cost of the test. Therefore, we do not need to proceed with this sample. I thank you very much for your promptness and all your help. I look forward to working with you in the future. Have a great day.
[Quoted text hidden]

Darnaby, Michael <mdarnaby@arlok.com> Wed, Jun 16, 2021 at 1:50 PM
To: nate dahl <natedahl@dahlsrx.com>

Hello Mr. Dahl.

Thank you for the update! I will look forward to receiving the sample from the State Board. If you have any questions or need any future testing needs, please let me know and I will be more than happy to help.

Best,

[Quoted text hidden]

---

nate dahl <natedahl@dahlsrx.com> Thu, Aug 26, 2021 at 1:00 PM
To: "Darnaby, Michael" <mdarnaby@arlok.com>

Michael

I am just following up with you on this matter. Does ARL Labs still have possession of the samples that were sent in directly to ARL Labs from Dahl's Specialty Pharmacy? What is your standard time frame of keeping such samples and can you verify how many samples you originally received directly from Dahl's Specialty Pharmacy and how many of those you currently have still? Thanks so much for all your help.

Regards,

Nathan Dahl
[Quoted text hidden]
—
Nate Dahl Dahl's Pharmacy

Darnaby, Michael <mdarnaby@arlok.com> Mon, Aug 30, 2021 at 8:23 AM
To: nate dahl <natedahl@dahlsrx.com>

Hello Nathan,

I apologize for the delayed response, as I was out of the office Thursday and Friday. I will check to see if we still have these in house, as our protocols have us dispose of samples after 30 days of completion or cancellation.

I can confirm we received 10 capsules total of lot# 05102021@6.

I will let you know ASAP if we still have this sample.

[Quoted text hidden]

---

nate dahl <natedahl@dahlsrx.com> Tue, Aug 31, 2021 at 10:56 AM
To: "Darnaby, Michael" <mdarnaby@arlok.com>

Thank you for the update. Yes, please let me know if you still have those samples or if they have been disposed of when you find that information out.
[Quoted text hidden]

---

nate dahl <natedahl@dahlsrx.com> Tue, Aug 31, 2021 at 11:02 AM
To: "Darnaby, Michael" <mdarnaby@arlok.com>

Michael

No problem onb the delay. I appreciate you getting back to me. Can you also please confirm to me, if you have record, what day ARL Labs received the 10 capsules with the lot# 05102021@6 shipped from Dahl's Specialty Pharmacy? Thank you again for all your help.
[Quoted text hidden]

Darnaby, Michael <mdarnaby@arlok.com> Tue, Aug 31, 2021 at 11:05 AM
To: nate dahl <natedahl@dahlsrx.com>

Hello Nate,

We received this lot on 6/16/2021. Our sample admin team is still checking on the status of this sample, as it had been marked for disposal but it could still be in the disposal bins. I will let you know ASAP if we find it.

[Quoted text hidden]

5V

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **DAHL'S SPECIALTY PHARMACY OF CARSON, License No. PH03605,** **Respondent.**	CASE NOS. 21-069-PH-N **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7350 Giles Street
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 25th day of August, 2021.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of
J. David Wuest, R.Ph., Executive Secretary of the 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 25th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Nathan Dahl, R.Ph.
[redacted] Whitaker Lane
Fallon, NV 89406

Dahl's Specialty Pharmacy of Carson
1007 N. Curry St.
Carson City, NV 89703

SHIRLEY HUNTING

FILED
SEP 27 2021
NEVADA STATE BOARD OF PHARMACY

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-980-1888
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlaw.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN DAHL, RPH,** **Certificate of Registration No. 17735, and** **DAHL'S SPECIALTY PHARMACY OF CARSON, License No. PH03605,** **Respondents.**	**CASE NOS. 21-069-RPH-N** **21-069-PH-N** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents Nathan Dahl, R.Ph. and Dahl's Specialty Pharmacy of Carson, by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Respondents admit, deny, and allege as follows:

JURISDICTION

1. Respondents admit the allegations in paragraph 1.

FACTUAL ALLEGATIONS

2. Respondents admit the allegations in paragraph 2

3. Respondents admit the allegations in paragraph 3.

4. Respondents admit the allegations in paragraph 4.

5. Respondents admit the allegations in paragraph 5.

6. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 6 and therefore deny the same.

7. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 7 and therefore deny the same.

8. Respondents admit that on or about June 1, 2021, D.L.'s daughter advised Dahl of D.L.'s condition and questioned whether Prescription No. 5070945 was correctly compounded. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 8 and therefore deny the same. Dahl reviewed the log record and prescription record with D.L.'s daughter. At some point, whether on June 1 or later, Dahl stated he would have the capsules tested.

9. Respondents admit the allegations in paragraph 9.

10. Respondents deny the allegations in paragraph 10. Rather, on or about June 3, 2021, Dahl contacted Eagle Labs. After reviewing the Certificate of Analysis and the pharmacy's logs for the capsules, he was told by Eagle Labs that the capsules should be correct. Dahl left a voicemail for DL's daughter reporting his conversation with Eagle Labs.

11. Respondents deny the allegations in paragraph 11.

12. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 12 and therefore deny the same.

13. Respondents deny the allegations in paragraph 13. Rather, Dahl learned that Eagle Labs could not perform full assays on capsules. Eagle Labs could perform a mass spectrometry on the capsule ingredients, but this would not determine the amount of dalfampridine in each capsule.

14. Respondents deny the allegations in paragraph 14. Rather, on June 15, 2021, Dahl looked for labs that could conduct tests on individual capsules. He contacted ARL Bio Pharma ("ARL Bio"), located in Oklahoma City and was told ARL Bio could perform chemical identity tests on the capsules. This test would provide the quantity of dalfampridine in each capsule. Dahl sent all ten capsules to ARL Bio for testing. ARL Bio confirmed that it received ten capsules from Dahl's Specialty Pharmacy on June 16, 2021. *See* emails between Nathan Dahl and Michael Darnaby of ARL Bio attached as Exhibit A.

15. Respondents admit that allegations in paragraph 15. Because Dahl had learned that Eagle Labs could not conduct a full assay of the capsules, he sent the capsules to ARL Bio.

16. Respondents admit Dahl represented that the ten capsules were sent to ARL Bio rather than Eagle Labs. Respondents initially received information from an ARL Bio representative that a result could be provided the same day. Dahl represented this information to Segedy. Later that day, an ARL representative asked the purpose of the assay. After Dahl explained that a patient had ingested capsules from the same lot and that he needed to know the amount of dalfampridine in each capsule. The ARL Bio representative stated that because this was an ingestion, the test would have to be conducted as a forensic test that would take at least ten days. Dahl explained the urgency of the situation and the ARL Bio representative said the tests could be finished in five business days for an additional fee. Dahl agreed to pay the fee for accelerated turnaround. *See* Exhibit A. Respondents lack sufficient knowledge to admit or deny the remaining allegations in paragraph 16 and therefore deny the same.

17. Respondents admit that on or about June 16, 2021, Dahl represented to Segedy that ARL could not provide a written lab report on that same day. Dahl stated this because of the new information he received from ARL Bio (i.e., that even by paying a fee for accelerated turnaround, the tests would take five business days). *See* Exhibit A and paragraph 16 above.

18. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 18 and therefore deny the same. However, because Dahl learned that Eagle Labs could not conduct an assay of individual capsules, Dahl never sent the capsules to Eagle Labs. Rather, he sent the ten capsules to ARL Bio. Dahl had already explained this to Segedy.

19. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 19 and therefore deny the same.

20. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 20 and therefore deny the same. Contrary to the allegations in paragraph 20, Dahl received confirmation by email from ARL Bio that ARL Bio received the capsules on June 16, 2021. *See* email confirmation attached as Exhibit A.

21. Respondents admit that Segedy questioned Dahl on June 30, 2021. However, Dahl did not contradict his previous statements. As he had previously stated, Dahl had not sent capsules to Eagle Labs once he discovered Eagle Labs would not have been able to perform a complete assay on the capsules that would provide the quantity of dalfampridine in each capsule. Respondents deny that Dahl stated he never sent capsules to ARL Bio because he in fact did send capsules to ARL Bio as evidenced by the email confirmation attached as Exhibit A. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 21 and therefore deny the same.

22. Respondents admit they have received from Board staff a certificate of analysis that reflects the results of one of the capsules as alleged in paragraph 22. One of the capsules contained 5.35 mg of dalfampridine.

23. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 23 and therefore deny the same.

24. Respondents admit that allegations in paragraph 24.

FIRST CAUSE OF ACTION
Error in Compounding/Unprofessional Conduct
(Respondent Nathan Dahl)

25. Paragraph 25 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 25 implies any unprofessional or unlawful conduct, Respondents deny the same.

26. Paragraph 26 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 26 implies any unprofessional or unlawful conduct, Respondents deny the same.

27. Paragraph 27 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 27 implies any unprofessional or unlawful conduct, Respondents deny the same.

28. Paragraph 28 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 28 implies any unprofessional or unlawful conduct, Respondents deny the same.

29. Respondents deny the allegations in paragraph 29.

SECOND CAUSE OF ACTION
False Statements in Course of Investigation
(Respondent Nathan Dahl)

30. Paragraph 30 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 30 implies any unprofessional or unlawful conduct, Respondents deny the same.

31. Paragraph 31 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 31 implies any unprofessional or unlawful conduct, Respondents deny the same

32. Respondents deny the allegations in paragraph 32.

THIRD CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Dahl's Specialty Pharmacy of Carson)

33. Paragraph 33 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 33 implies any unprofessional or unlawful conduct, Respondents deny the same.

34. Respondents deny the allegations in paragraph 34.

OTHER DEFENSES

35. Each cause of action fails to state a claim upon which relief can be granted.

36. The Nevada Board of Pharmacy cannot as a matter of law determine whether any effects Patient D.L. allegedly experienced were the "direct and proximate" result of ingesting prescription 5070945 without expert medical opinion and medical records.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

37. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

38. To the extent Respondents did not specifically admit allegations in the Notice, they deny such allegations.

PRAYER FOR RELIEF

39. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

40. That the Board dismiss all Causes of Acton in in the Notice.

41. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 27th day of September 2021.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Nathan Dahl, RPh
Dahl's Specialty Pharmacy of
Carson

CERTIFICATE OF SERVICE

I hereby certify that on September 27, 2021, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road E217
Las Vegas, NV 89119
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

By: William Stell

Gmail nate dahl <natedahl@dahlsrx.com>

ARL - New Client Packet and Price Book

11 messages

Darnaby, Michael <mdarnaby@arlok.com> Tue, Jun 15, 2021 at 8:20 AM
To: "natedahl@dahlsrx.com" <natedahl@dahlsrx.com>

Good morning Nathan,

Thank you for inquiring about our testing services here at ARL! We would love to help you with your testing needs.

To get started with ARL, please see the attached "Welcome!" packet that has sample submission steps using our online portal, sample guidelines, and a few forms we would need filled out to set up your account:

- Billing/Client Information Form
- Credit Card Authorization Form
- A copy of your pharmacy's W9

Once we have these 3 items, we can set up your account. You can send these forms in with your samples, or send directly to me, whichever is more convenient for you.

I have also attached our 2021 Price Book which outlines our routine testing services, sample requirements, and turnaround times. Per our conversation, potency testing of dalfampridine (4-aminopyridine) is $160 per test and has a 3 business day turnaround time. We would need 5 capsules per potency test.

If you have any questions at all, such as a step-by-step walkthrough of the sample submission process, help with setting up your online portal account, or any other testing questions, please do not hesitate to contact me. I am more than happy to help in any capacity!

Thank you,

Michael Darnaby - Client Services Representative

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

Phone: (405) 271-1144 or Toll free:1-800-393-1595

Fax: (405) 271-1174

www.arlok.com

ARL
BIO PHARMA

This electronic mail and the materials attached with this transmission are the private confidential property of the sender, and the materials are privileged communications intended solely for the use, benefit, and information of the intended recipient indicated above. If you are not the intended recipient, you are hereby notified that review, disclosure, copying, distribution, or the taking of any other action in reliance on the contents of this transmission is strictly prohibited, and may result in legal liability on your part. If you have received the transmission in error, please notify us immediately at the email address listed above and arrange for the destruction or return of this transmission to us.

2 attachments

ARL Price Book 2021 (June).pdf
1991K

Welcome to ARL (Pharmacy) 2021.pdf
1690K

nate dahl <natedahl@dahlsrx.com> Wed, Jun 16, 2021 at 12:18 PM

To: "Darnaby, Michael" <mdarnaby@arlok.com>

Michael

Attached is the W9 and other info. Accounting should have my credit card info. If not please let me know.
[Quoted text hidden]
--

Nathan Dahl
PharmD, RPH

Dahl's Pharmacy Compounding and Specialty
9607 N Curry Street

Carson City, NV 89703

Phone: 1-844-914-9067

Fax: 775-885-8347

Website: dahlspharmacy.com

CONFIDENTIALITY NOTICE: The contents of this email message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information and may be legally protected from disclosure. If you are not the intended recipient of this message or their agent, or if this message has been addressed to you in error, please immediately alert the sender by reply email and then delete this message and any attachments. If you are not the intended recipient, you are hereby notified that any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.

ARL LABS.pdf
100K

Darnaby, Michael <mdarnaby@arlok.com> Wed, Jun 16, 2021 at 12:23 PM
To: nate dahl <natedahl@dahlsrx.com>

Hello Mr. Dahl,

This is great, thank you for providing this.

I called over to our accounting team, and they did not receive your email with your credit card form. Could you resend and attached me on the email, if possible? I may need to get with our IT team to see what happened with this.

I will have your quote over to you ASAP.

Thank you.

Michael Darnaby Client Services Representative

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

Phone: (405) 271-1144 or Toll free:1-800-393-1595

Fax: (405) 271-1174

www.arlok.com

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From: nate dahl <natedahl@dahlsrx.com>
Sent: Wednesday, June 16, 2021 2:19 PM
To: Darnaby, Michael <mdarnaby@arlok.com>
Subject: Re: ARL - New Client Packet and Price Book

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

[Quoted text hidden]

Darnaby, Michael <mdarnaby@arlok.com> Wed, Jun 16, 2021 at 1:22 PM
To: nate dahl <natedahl@dahlsrx.com>

Hello Mr. Dahl,

Attached is the requested quote with the accelerated turnaround time of 5 business days. Please let me know if you have any questions.

Thank you,

Michael Darnaby · Client Services Representative

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546

Oklahoma City, OK 73104

Phone: (405) 271-1144 or Toll free:1-800-393-1595

Fax: (405) 271-1174

www.arlok.com

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[Quoted text hidden]

Dahl's Specialty Pharmacy (NV) Verification of ID and Quant of 4-aminopyridine (210616).pdf
729K

nate dahl <natedahl@dahlsrx.com> Wed, Jun 16, 2021 at 1:46 PM
To: "Darnaby, Michael" <mdarnaby@arlok.com>

Michael

I have spoken with the State Board about the price and they are going to send a separate sample and we are going to split the cost of the test. Therefore, we do not need to proceed with this sample. I thank you very much for your promptness and all your help. I look forward to working with you in the future. Have a great day.
[Quoted text hidden]

Darnaby, Michael <mdarnaby@arlok.com> Wed, Jun 16, 2021 at 1:50 PM
To: nate dahl <natedahl@dahlsrx.com>

Hello Mr. Dahl,

Thank you for the update! I will look forward to receiving the sample from the State Board. If you have any questions or need any future testing needs, please let me know and I will be more than happy to help.

Best,

[Quoted text hidden]

---

nate dahl <natedahl@dahlsrx.com> Thu, Aug 26, 2021 at 1:00 PM
To: "Darnaby, Michael" <mdarnaby@arlok.com>

Michael

I am just following up with you on this matter. Does ARL Labs still have possession of the samples that were sent in directly to ARL Labs from Dahl's Specialty Pharmacy? What is your standard time frame of keeping such samples and can you verify how many samples you originally received directly from Dahl's Specialty Pharmacy and how many of those you currently have still? Thanks so much for all your help.

Regards,

Nathan Dahl
[Quoted text hidden]
—
Nate Dahl Dahl's Pharmacy

Darnaby, Michael <mdarnaby@arlok.com> Mon, Aug 30, 2021 at 8:23 AM
To: nate dahl <natedahl@dahlsrx.com>

Hello Nathan,

I apologize for the delayed response, as I was out of the office Thursday and Friday. I will check to see if we still have these in house, as our protocols have us dispose of samples after 30 days of completion or cancellation.

I can confirm we received 10 capsules total of lot# 05102021@6.

I will let you know ASAP if we still have this sample.

[Quoted text hidden]

---

nate dahl <natedahl@dahlsrx.com> Tue, Aug 31, 2021 at 10:56 AM
To: "Darnaby, Michael" <mdarnaby@arlok.com>

Thank you for the update. Yes, please let me know if you still have those samples or if they have been disposed of when you find that information out.
[Quoted text hidden]

---

nate dahl <natedahl@dahlsrx.com> Tue, Aug 31, 2021 at 11:02 AM
To: "Darnaby, Michael" <mdarnaby@arlok.com>

Michael

No problem onb the delay. I appreciate you getting back to me. Can you also please confirm to me, if you have record, what day ARL Labs received the 10 capsules with the lot# 05102021@6 shipped from Dahl's Specialty Pharmacy? Thank you again for all your help.
[Quoted text hidden]

Darnaby, Michael <mdarnaby@arlok.com> Tue, Aug 31, 2021 at 11:05 AM
To: nate dahl <natedahl@dahlsrx.com>

Hello Nate,

We received this lot on 6/16/2021. Our sample admin team is still checking on the status of this sample, as it had been marked for disposal but it could still be in the disposal bins. I will let you know ASAP if we find it.

[Quoted text hidden]

5W

This matter is continued to a future Board Meeting.

5X

FILED
AUG 13 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. TRINITY PHARMACY, Pharmacy License No. PH03287, MA LOURDES JAUREGUI, RPH, Certificate of Registration No. 17035, Respondents.	CASE NOS. 19-240-PH-S 19-240-RPH-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Trinity Pharmacy ("Trinity") held a Nevada Pharmacy License No. PH03287, and Respondent Ma Lourdes Jauregui, RPh, ("Jauregui") held a Nevada Pharmacist Certificate of Registration No. 17035, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Trinity is located at 2797 S. Maryland Parkway, Suite 28, Las Vegas, Nevada 89109.

3. Respondent Jauregui was/is the managing pharmacist of Trinity during the alleged and relevant timeframes.

4. During an annual Board inspection on September 4, 2019, Board Inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

5. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners").

6. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal requirements to qualify as dispensing CIIs by oral authorization in an emergency.

APPLICABLE LAW

7. A person shall not dispense controlled substances in violation of a regulation adopted and/or followed by the Board. NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11.

8. The Board may suspend or revoke a 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."

9. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.702; NAC 639.945(2).

FIRST CAUSE OF ACTION
Dispensing Unlawful CII Prescriptions
(Respondent Jauregui)

10. As a licensed and managing pharmacist, by failing to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions,

Respondent Jauregui violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, constituting unprofessional conduct, and subjecting Jauregui to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), (12), and (15), and/or NRS 639.255.

11. The CII Prescriptions did not qualify as "emergency" prescriptions as provided pursuant to NAC 453.420, were deficient pursuant to NAC 453.440, and Respondent Jauregui is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), (12), and (15), and/or NRS 639.255.

SECOND CAUSE OF ACTION
Pharmacy/Owner Responsibilities
(Respondent Trinity)

12. As the owner/operator of Trinity at the time of each of the violations alleged herein, Trinity is responsible for the violations, including those of its employees, pursuant to NAC 639.702, and NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(11), (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 13th day of August, 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, **Petitioner,** **v.** **TRINITY PHARMACY,** **Pharmacy License No. PH03287,** **Respondent.**	**CASE NO. 19-240-PH-S** **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 13th day of August, 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 August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Trinity Pharmacy
2797 S. Maryland Pkwy STE 28
Las Vegas, NV 89109

Ma Lourdes Jauregui, R.Ph.
[redacted]Baden Westwood Lane
Las Vegas, NV 89113

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TRINTY PHARMACY,** **Pharmacy License No. PH03287,** **MA LOURDES JAUREGUI, RPH** **Certificate of Registration No. 17035,** **Respondents.**	**Case Nos. 19-240-PH-S** **19-240-RPH-S** **ANSWER AND NOTICE OF DEFENSE OF TRINITY PHARMACY**

Respondent Trinity Pharmacy ("Trinity"), hereby files with the Nevada State Board of Pharmacy ("Board"), its Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on August 13, 2021.

ANSWER TO ACCUSATION

Jurisdiction

Trinity agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1. Trinity further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-10

Paragraph 2: Trinity agrees and acknowledges the factual assertions set forth in Paragraph 2.

Paragraph 3: Trinity agrees and acknowledges that Ms. Jauregui was the managing pharmacist at the pharmacy during the relevant time frames at issue in this matter.

Paragraph 4: Trinity representatives do not have personal knowledge regarding the Board's annual inspection performed on September 4, 2019 but based on the information Trinity representatives received subsequent to that investigation, believes that the factual assertions set forth in Paragraph 4 are accurate.

Paragraph 5: Trinity representatives do not have personal knowledge regarding the factual assertions set forth in Paragraph 5 but based on information received subsequently, Trinity believes the assertions to be accurate. As further noted in Trinity's Notice of Defense and Mitigating Information below, the failure to obtain a valid practitioner's signature for the amount of time noted or notify the Board of that fact as set forth in the factual assertions is outside of the policies and procedures put in place by Trinity.

Paragraph 6: Trinity is without sufficient knowledge to respond to the allegations set forth in Paragraph 6.

Applicable Law: Paragraphs 7-9

Trinity agrees that Paragraphs 7-9 of the Accusation accurately reflect current Nevada law.

Causes of Action: Paragraphs 10-12

First cause of action (paragraphs 10-11): The first cause of action pertains only to Respondent Jauregui and accordingly Trinity offers no response to this cause of action.

Second cause of action (paragraph 12): Trinity admits it was the owner/operator of Trinity during the time of the alleged violations noted within the Notice of Intended Action and Accusation and accordingly was responsible for the actions or omissions of its employees, including its managing pharmacist.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Mitigating Information

Trinity owns and operates a retail pharmacy located in Las Vegas, Nevada. The pharmacy, in addition to filling and dispensing prescriptions for individual consumers, has accounts with three facilities at which Jireh Healthcare Services arranged for hospice care under the medical direction of Dr. Stephen Dubin. Trinity would fill and deliver medications ordered and approved by Dr. Dubin for patients receiving hospice care through Jireh. As these prescriptions were for hospice patients, the great majority of prescriptions filled and delivered to patients at Jireh facilities are Schedule II controlled substances and were emergently needed.

In cooperation with its managing pharmacist, Trinity developed a policy to address emergency prescriptions for hospice patients to comply with the provisions of NAC 453.420 which allowed for the pharmacy to accept oral authorization of prescriptions for emergent schedule II-controlled substances from Dr. Dubin or his authorized representative. The pharmacist was to reduce the prescription to writing as provided in NAC 453.420(1)(b) and per policy, arrangements were made to receive the signed prescription from Dr. Dubin and/or Jireh per NAC 453.420(2) within seventy-two hours.

Trinity representatives were unaware that the managing pharmacist had not received the signed prescription from Dr. Dubin within seventy-two hours in regard to the forty-two prescriptions noted in the Accusation and that she had failed to report this fact to either the Board or to Trinity representatives. Trinity has put protocols in place to ensure that timely follow up with made with Jireh and/or Dr. Dubin's office to ensure signed prescriptions are received within

seventy-two hours and that should those not be received that the Board is to be immediately notified.

Respectfully submitted this 23rd day of September, 2021.

Lyn E. Beggs, Esq.
Attorney for Respondent Trinity Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TRINITY PHARMACY,** **Pharmacy License No. PH03287,** **MA LOURDES JAUREGUI, RPH,** **Certificate of Registration No. 17035,** **Respondents.**	**CASE NOS. 19-240-PH-S** **19-240-RPH-S** **STIPULATION AND ORDER FOR RESPONDENT TRINITY PHARMACY ONLY**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Trinity Pharmacy ("Trinity"), Pharmacy License No. PH03287, by and through counsel, Lyn Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent Trinity and this matter.

2. On or about August 13, 2021, Board Staff served Respondent Trinity 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 September 22, 2021, Respondent Trinity filed its Answer and Notice of Defense through retained counsel, Lyn Beggs, Esq.

4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal, and any and all other rights which may be accorded 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 waive its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded 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 admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Jauregui was the managing pharmacist of Trinity Pharmacy during all alleged and relevant timeframes. During an annual Board inspection of Trinity Pharmacy on or about September 4, 2019, a Board inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

B. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners"). Jauregui's failure to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, which also constituted unprofessional conduct.

C. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal

requirements to qualify as dispensing CIIs by oral authorization in an emergency. Jauregui's failure to notate the prescriptions, satisfy the requirements of an oral emergency prescription, including verifying that the telephoned prescription was from the prescribing practitioner, violated NAC 453.420, and NAC 453.440.

D. As the owner/operator of a pharmacy, Trinity is responsible for the violations of its employees, including its managing pharmacist, pursuant to NAC 639.702, and/or NAC 639.945(2).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210(11), (12), and/or 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 Trinity stipulate to the following. Trinity is placed on probation for a period of one (1) year subject to the following conditions and penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding its duties and responsibilities as a licensed pharmacy;

B. Respondent shall pay a fine of Eight-Thousand Four-Hundred Dollars ($8,400.00) for the violations;

C. Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall successfully pass quarterly inspections to be completed by Board's staff at Trinity's expense;

E. Respondent shall establish policies and procedures regarding emergency oral controlled substance prescriptions in compliance with federal and state law, establish

policies and procedures regarding faxed controlled substance prescriptions, and present to Board's staff for approval within thirty (30) days of entry of this Order; and

Upon successful completion of probation, Respondent Trinity's Pharmacy License No. PH03287, will be fully restored.

10. Any failure by Respondent Trinity 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 the non-compliant 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 the non-compliant Respondent consistent with the provisions of NRS 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 October 13, 2021. Respondent will appear telephonically or *via* Zoom 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 or counsel are 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein 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 entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein 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 entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another 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 23rd day of September, 2021

TRINITY PHARMACY,
Pharmacy License No. PH03287

APPROVED AS TO FORM AND CONTENT
this 23rd day of September, 2021

LYN BEGGS, ESQ.
Counsel for Respondent
Trinity Pharmacy

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Trinity Pharmacy, Pharmacy License No. PH03287 in Case No. 19-240-PH-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 October, 2021.

Helen Park, President
Nevada State Board of Pharmacy

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FILED
AUG 13 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TRINITY PHARMACY,** **Pharmacy License No. PH03287,** **MA LOURDES JAUREGUI, RPH,** **Certificate of Registration No. 17035,** **Respondents.**	**CASE NOS. 19-240-PH-S** **19-240-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Trinity Pharmacy ("Trinity") held a Nevada Pharmacy License No. PH03287, and Respondent Ma Lourdes Jauregui, RPh, ("Jauregui") held a Nevada Pharmacist Certificate of Registration No. 17035, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Trinity is located at 2797 S. Maryland Parkway, Suite 28, Las Vegas, Nevada 89109.

3. Respondent Jauregui was/is the managing pharmacist of Trinity during the alleged and relevant timeframes.

4. During an annual Board inspection on September 4, 2019, Board Inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

5. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners").

6. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal requirements to qualify as dispensing CIIs by oral authorization in an emergency.

APPLICABLE LAW

7. A person shall not dispense controlled substances in violation of a regulation adopted and/or followed by the Board. NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11.

8. The Board may suspend or revoke a 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."

9. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.702; NAC 639.945(2).

FIRST CAUSE OF ACTION
Dispensing Unlawful CII Prescriptions
(Respondent Jauregui)

10. As a licensed and managing pharmacist, by failing to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions,

Respondent Jauregui violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, constituting unprofessional conduct, and subjecting Jauregui to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), (12), and (15), and/or NRS 639.255.

11. The CII Prescriptions did not qualify as "emergency" prescriptions as provided pursuant to NAC 453.420, were deficient pursuant to NAC 453.440, and Respondent Jauregui is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), (12), and (15), and/or NRS 639.255.

SECOND CAUSE OF ACTION
Pharmacy/Owner Responsibilities
(Respondent Trinity)

12. As the owner/operator of Trinity at the time of each of the violations alleged herein, Trinity is responsible for the violations, including those of its employees, pursuant to NAC 639.702, and NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(11), (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 13th day of August, 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, **Petitioner,** **v.** **MA LOURDES JAUREGUI, RPH,** **Certificate of Registration No. 17035,** **Respondent.**	**CASE NO. 19-240-RPH-S** **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 13th day of August, 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.** **MA LOURDES JAUREGUI, RPH,** **Certificate of Registration No. 17035,** **Respondent.**	**CASE NO. 19-240-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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.

_____

MA LOURDES JAUREGUI, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Trinity Pharmacy
2797 S. Maryland Pkwy STE 28
Las Vegas, NV 89109

Ma Lourdes Jauregui, R.Ph.
[redacted] Baden Westwood Lane
Las Vegas, NV 89113

SHIRLEY HUNTING

FILED
SEP 3 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TRINITY PHARMACY** **Pharmacy License No. PH03287,** **MA LOURDES JAUREGUI, RPH** **Certificate of Registration No., 17035,** **Respondents**	**Case No. 19-240-PH-S** **19-240-RPH-S** **MA LOURDES JAUREGUI'S ANSWER AND NOTICE OF DEFENSE**

COMES NOW Respondent Ma Lourdes Jauregui ("Ms. Jauregui"), by and through her undersigned counsel, and responds to the Notice of Intended Action and Accusation filed August 13, 2021 ("Accusation") by Petitioner, the Nevada State Board of Pharmacy ("Board"). This Response will serve as Respondent Jauregui's Answer and Notice of Defense pursuant to NRS 639.244. Ms. Jauregui hereby declares:

OBJECTION

Ms. Jauregui does not dispute the essential facts set forth in the Accusation, but objects to the Board taking action adverse to her Certificate of Registration because NAC 453.010(2) and 21 CFR 290.10 plainly place the onus on the "prescribing practicioner" to make a determination (1) of whether or not an "emergency situation" exists for purposes of dispensing controlled substances without a written prescription and (2) that it is "not reasonably possible" to provide a written prescription prior to dispensing. To be clear, Ms. Jauregui concedes that in certain situations, NAC 453.420 would require a pharmacist to decline a prescribing practicioner's request for the pharmacist to fill an oral prescription in a putative "emergency situation," but she respectfully submits that the facts set forth in the Accusation do not comprise such a scenario.

ANSWER

In answer to the allegations in the Accusation, Ms. Jauregui admits or denies as follows:

1. Ms. Juaregui admits the allegations in **Paragraphs 1 - 3** of the Accusation.

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Dyer Lawrence, LLP
2805 Mountain Street
Carson City, Nevada 89703
(775) 885-1896

2. Regarding **Paragraph 4** of the Accusation, Ms. Jauregui admits that a Board Inspector found a single, unsigned faxed prescription for a Schedule II controlled substance during an inspection on September 4, 2019. Ms. Jauregui further avers that she obtained a signature for that prescription from the prescribing practitioner within 24 hours of the Board Inspector's discovery and produced a signed copy of that prescription for the Board Inspector during his next visit to Trinity Pharmacy ("Trinity").

3. Ms. Jauregui admits the allegations set forth in **Paragraph 5** of the Accusation. Ms. Jauregui further avers that based on communications with prescribing practitioners providing medical services to hospice patients, Ms. Jauregui and Trinity developed a standing operational procedure for filling oral prescriptions for hospice patients ("H-SOP"). Per the H-SOP, Ms. Jauregui understood that a prescribing practitioner always considered a hospice patient in pain to be an emergency. All of the prescriptions referenced in Paragraph 5 of the accusation were filled for hospice patients under the care of Jireh Healthcare Services ("Jireh"). In accordance with the H-SOP, Ms. Jauregui transcribed all of the oral prescriptions in Paragraph 5 of the Accusation onto forms suppled by Jireh and then arranged for secure delivery of the forms to the prescribing practitioner for signature. Once the prescriptions were signed, Trinity staff would then bring the signed prescriptions back to Trinity. Utilizing ScriptDrop, the filled prescriptions in Paragraph 5 of the Accusation were immediately delivered to the hospice patients. Historically the H-SOP had worked well for Jireh hospice patients, and Ms. Jauregui always received signed prescriptions back from the prescribing practitioner within 72 hours. However, during the COVID-19 pandemic, Ms. Jauregui experienced problems obtaining signed prescriptions back for Jireh hospice patients in a timely manner, and Jireh staff would often say that a prescription had been lost, and Ms. Jauregui would then re-send the transcribed prescriptions for signature. Based on her communications with Jireh, Ms. Jauregui got the impression that Jireh was short-staffed. Trinity and Ms. Jauregui have experienced a significant increase in the volume of business during the COVID-19 pandemic, and Ms. Jauregui struggled to stay on top of prescriptions pending signatures from Jireh. Ms. Jauregui understands that these circumstances

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notwithstanding, NAC 453.420(2) and (3) required her to notify the Board that the prescribing practitioner had not provided her with signed prescriptions within 72 hours and that she is subject to discipline for failing to do so.

4. Regarding **Paragraph 6** of the Accusation, Ms. Jauregui admits that she failed to write "Authorization for Emergency Dispensing" when she transcribed the oral orders. Ms. Jauregui further avers that under the H-SOP it was understood that all such prescriptions were authorized for emergency dispensing, and thus she though it was not necessary to annotate the prescription in that manner. Ms. Jauregui understands that the H-SOP notwithstanding, NAC 453.420(1)(b)(s) required her to so annotate the prescriptions and that she is subject to discipline for failing to do so. Regarding the remainder of the allegations in Paragraph 6 of the Accusation, Ms. Jauregui lacks knowledge or information sufficient to form a belief about the truth of those allegations and therefore denies those allegations.

5. Ms. Jauregui admits the allegations set forth in **Paragraphs 7 - 9** of the Accusation.

6. Regarding **Paragraph 10** of the Accusation, Ms. Jauregui admits that she violated NRS 453.381(8), NAC 453.420(1)(b)(2) and NAC 453.420(3) and that such violations subject her to discipline by the Board. Ms. Jauregui denies violating NAC 639.945. Regarding the remainder of the allegations in Paragraph 10 of the Accusation, Ms. Jauregui lacks knowledge or information sufficient to form a belief about the truth of those allegations and therefore denies those allegations.

7. Ms. Jauregui lacks knowledge or information sufficient to form a belief about the truth of the allegations in **Paragraph 11** of the Accusation and therefore denies the same.

8. The Second Cause of Action set forth in **Paragraph 12** of the Accusation is not directed against Ms. Jauregui, and therefore, she makes no response to those allegations.

DATED this 2nd day of September, 2021.

DYER LAWRENCE, LLP

By:
Francis C. Flaherty

Attorneys for Respondent
Ma Lourdes Jauregui

Dyer Lawrence, LLP
2805 Mountain Street
Carson City, Nevada 89703
(775) 885-1896

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TRINITY PHARMACY,** **Pharmacy License No. PH03287,** **MA LOURDES JAUREGUI, RPH,** **Certificate of Registration No. 17035,** **Respondents.**	**CASE NOS. 19-240-PH-S** **19-240-RPH-S** **STIPULATION AND ORDER FOR RESPONDENT MA LOURDES JAUREGUI, RPH ONLY**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Ma Lourdes Jauregui, RPh ("Jauregui"), Certificate of Registration No. 17035, by and through counsel, Francis C. Flaherty, Esq. of Dyer Lawrence, LLP,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondent Jauregui and this matter.

2. On or about August 17, 2021, Board Staff served Respondent Jauregui 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 September 3, 2021, Respondent Jauregui filed her Answer and Notice of Defense through retained counsel, Francis C. Flaherty, Esq.

4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal, and any and all other rights which may be accorded 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 her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Jauregui was the managing pharmacist of Trinity Pharmacy ("Trinity") during the alleged and relevant timeframes. During an annual Board inspection on or about September 4, 2019, a Board inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

B. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners"). Jauregui's failure to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, which also constituted unprofessional conduct.

C. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal requirements to qualify as dispensing CIIs by oral authorization in an emergency. Jauregui's failure to notate the prescriptions, satisfy the requirements of an oral emergency prescription, including verifying that the telephoned prescription was from the prescribing practitioner, violated NAC 453.420, and NAC 453.440.

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), (12), and (15), and/or 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 Jauregui stipulate to the following. Respondent Jauregui is placed on probation for a period of one (1) year subject to the following conditions and penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a registered pharmacist;

B. Respondent shall pay a fine of Four-Thousand Two Hundred Dollars ($4,200.00) for the violations;

C. Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall complete an additional four (4) hours of continuing education within ninety (90) days of this Order regarding validation of controlled substance prescriptions; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges/violations filed against her while on probation.

Upon successful completion of probation, Respondent Jauregui's Certificate of Registration No. 17035 will be fully restored.

10. Any failure by Respondent Jauregui 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 the non-compliant 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 the non-compliant Respondent consistent with the provisions of NRS 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 October 13, 2021. Respondent will appear telephonically or *via* Zoom 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 or counsel are 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the

merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein 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 entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein 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 entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

MA LOURDES JAUREGUI, RPH,
Certificate of Registration No. 17035

APPROVED AS TO FORM AND CONTENT
this 22 day of September, 2021

FRANCIS C. FLAHERTY, ESQ.
Counsel for Respondent
Ma Lourdes Jauregui, RPH

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Ma Lourdes Jauregui, RPH, Certificate of Registration No. 17035 in Case No. 19-240-RPH-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 October, 2021.

_____

Helen Park, President
Nevada State Board of Pharmacy

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FILED
APR 30 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NEVADA HEALTH RX, INC.** **D/B/A PRAX-RX,** **Pharmacy License No. PH02898,** **SCOT SILBER, RPH,** **Certificate of Registration No. 08362,** **Respondents.**	**CASE NOS. 18-043-PH-S** **18-043-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Nevada Health Rx, Inc. d/b/a Prax-Rx ("Prax") held a Pharmacy License No. PH02898, and Respondent Scot Silber ("Silber") held a Nevada Pharmacist Certificate of Registration No. 08362, 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 Prax is/was located on 61 Spectrum Boulevard, Las Vegas, Nevada 89101.

5. Respondent Silber was hired as the managing pharmacist of Prax on or about May 2017.

6. On or about July 17, 2017, Silber created a telephonic prescription record, number 100051, for patient C.F. for Cialis 20 mg, quantity twenty (20), by Dr. E.K. Dr. E.K. indicated that he treated patient C.F. for hypogonadism for which he prescribed testosterone 1% gel on September 5, 2017, January 23, 2018, and on May 15, 2018. Dr. E.K. stated that he has never written or telephoned any Cialis prescription for patient C.F.

7. On or about November 7, 2017, Silber created a telephonic prescription, number 100410, for patient C.F. for sildenafil 20 mg, quantity ninety (90). Silber dispensed this prescription to patient C.F. under Dr. E.K. Dr. E.K. stated that he treated patient C.F. for hypogonadism for which he prescribed testosterone 1% gel on September 5, 2017, January 23, 2018, and on May 15, 2018. Dr. E.K. stated that he has never written or telephoned any sildenafil prescription for patient C.F.

8. Patient C.F. is a personal friend of Respondent Silber.

9. On or about July 27, 2017, Silber created a telephonic prescription record, number C100076, for himself as the patient for testosterone 200 g/ml, quantity twenty-four (24) 1 ml vials with 5 refills called in by Dr. W.L.'s office. Two (2) 1 ml vials of testosterone cypionate were dispensed by Silber to himself on July 28, 2017. Dr. W.L. stated that he did not have a written or telephoned record of testosterone prescription for Silber on or about July 27, 2017.

10. On or about July 28, 2017, Silber created a telephonic prescription record, number 100077, for himself as the patient for cyanocobalamin 1000 mcg/ml one (1) – 10 ml vial with 5 refills called in by Dr. W.L. Dr. W.L. stated that he did not have a written or telephoned record of this prescription for Silber on or about July 28, 2017.

11. On or about September 19, 2017, Dr. P.E. wrote a prescription, number C100208, for 1 mg alprazolam, quantity ninety (90), with 5 refills and instructions to take 1 tablet 3 times per day for patient J.B. On or about September 20, 2017, Silber dispensed the initial fill of the alprazolam prescription to patient J.B.

12. On or about September 25, 2017, Dr. B.C. wrote a prescription, number 100228, for gabapentin 300 mg, quantity ninety (90), with directions for patient J.B. to take 1 capsule three times a day with twelve (12) refills. Silber dispensed the initial fill of the gabapentin on or about the same day.

13. On or about November 30, 2017, Silber dispensed all of the refills of prescription number C100208 to patient J.B. for a total of four-hundred and fifty (450) tablets of alprazolam 1mg, or a 150-day supply. Silber did not provide any pharmacy records of contact with the prescriber or other explanation for dispensing the remaining refills all at one time. Dr. P.E. confirmed that while he did write the prescription for alprazolam 1mg quantity ninety (90) with 5 refills for patient J.B. on September 19, 2017, he did not authorize a quantity of four-hundred and fifty (450) tablets to be dispensed at one time.

14. On or about November 30, 2017, Respondent Silber dispensed the remaining eleven (11) refills of gabapentin 300 mg for patient J.B. for nine-hundred and ninety (990) capsules, or a 330-day supply. Silber provided no pharmacy records of contact with the prescriber or notation of why the total of the remaining refills was dispensed at one time. Dr. B.C. stated that she did write the prescription on September 25, 2017 for patient J.B., but at no time did Dr. B.C. authorize nine-hundred and ninety (990) capsules to be dispensed all at one time.

15. Patient J.B. was hired by Respondent Silber as the vice president of operations at Prax. Patient J.B. was also the operations manager at Green Valley Drugs, and management consultant for Partell Pharmacy. Silber was once an owner of Green Valley Drugs, and formerly the managing pharmacist for Partell Pharmacy.

16. On or about March 20, 2018, the Drug Enforcement Administration ("DEA") Diversion Investigators executed an inspection warrant on Prax. The DEA conducted a closing inventory of controlled substances, obtained documentation, and questioned Silber. Respondent Silber stated to the DEA investigator that he had not conducted an initial inventory of controlled substances.

17. Silber also disclosed to DEA investigators that Prax sells controlled substances to prescribers for office administration and appear in the Prescription Monitoring Program ("PMP") as dispensed prescriptions. Approximately forty-nine (49) invoices to physician offices and thirty-two (32) sales to patients during the April 1, 2017 to March 20, 2018 time period were discovered in sales reports. Prescription records for controlled substances and dangerous drugs from same time period reveal approximately eighty-two (82) patient-specific prescriptions and five-hundred and seventy-three (573) prescription numbers assigned to office use medications. Prax was not registered as a distributor/wholesaler and only held a pharmacy registration with the Board.

18. During the DEA investigation, it was also discovered that 2 fentanyl 50mcg/ml 2ml vials were broken during shipment. Prax never completed a DEA 106 form or reported the fentanyl loss to the DEA within 1 business day of loss discovery.

19. Neither Prax nor Silber completed a controlled substance loss or theft form for the fentanyl loss to the Board within 10 days after loss discovery.

20. On or about April 13, 2018, a voluntary DEA surrender of controlled substances registration for Prax was executed by owner Greg Sundem.

APPLICABLE LAW

21. A person shall not dispense or distribute controlled substances and/or dangerous drugs in violation of law. NRS 453.331; NRS 453.381; NRS 453.568; NRS 454.221; NRS 454.223; NRS 454.311; NRS 454.321; NRS 639.2353(2); NRS 639.2396; NRS 639.2813; NAC 453.440; NAC 453.480-.488; NAC 639.945; 21 CFR § 1306.04.

22. NRS 639.2396 permits a pharmacist in his professional judgment, under certain circumstances, to dispense a 90-day supply of a drug other than a controlled substance.

23. Persons registered to dispense controlled substances and/or dangerous drugs shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law. NRS 453.246; NRS 453.326; NRS 453.568; NAC 453.475; NAC 453.480; NAC 453.485; NAC 639.482; NAC 639.485; NAC 639.487; NAC 639.745; 21 CFR § 1304.21.

24. Controlled substance loss must be reported to the DEA within one (1) business day. 21 USC § 842(a)(5); 21 CFR § 1301.76(b).

25. Any controlled substance loss must be reported to the Board within ten (10) days. NRS 453.568.

26. A licensee/registrant may not engage in unauthorized practice or beyond scope of existing licensure/registration. NRS 453.321(1)(a); NRS 639.100; NRS 639.2813; NAC 639.593; 21 USC § 841(a)(1).

27. It is unlawful for any person to falsely represent himself as a practitioner, or an agent of the practitioner, entitled to write prescriptions in this state. NRS 639.2813.

28. A person/entity may not engage in wholesale distribution without proper licensure/registration. NRS 639.100; NAC 639.593; 21 USC § 823; 21 USC § 841(a)(1); 21 CFR § 205.4; 21 CFR § 1301.13.

29. The Board may suspend or revoke a 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."

30. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.702; NAC 639.945(2).

FIRST CAUSE OF ACTION
Violation of State Loss Reporting Requirement
(Respondents Prax and Silber)

31. By failing to report shortages/loss of controlled substances within ten (10) days of loss discovery to the Board, and thereby maintaining appropriate counts of inventory, Respondents Prax and Silber violated NRS 453.568, NAC 453.480-.485, NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4), (12), (15), and (17), and/or NRS 639.255.

SECOND CAUSE OF ACTION
Violation of Federal Loss Reporting Requirement
(Respondent Prax)

32. By failing to report shortages/loss of controlled substances within one (1) business day of loss discovery to the DEA, and thereby maintaining appropriate counts of inventory, Respondent Prax violated NAC 639.945(1)(i), 21 USC § 842(a)(5), and 21 CFR § 1301.76(b), and is subject to discipline pursuant to NRS 639.210(4), (11), and (17), and/or NRS 639.255.

THIRD CAUSE OF ACTION
Fraudulent and Unprofessional Conduct
(Respondent Silber)

33. By creating telephonic prescriptions for controlled substances and/or dangerous drugs for himself and patient C.F., and dispensing same under other practitioners' names without their knowledge or consent, Silber engaged in fraudulent and unprofessional conduct in violation of NRS 639.2813, NAC 639.945(1)(d), (h), (i), and (k), and is subject to discipline pursuant to NRS 639.210(4), and (12), and/or NRS 639.255.

FOURTH CAUSE OF ACTION
Failure to Keep Complete and Accurate Records
(Respondents Prax and Silber)

34. By failing to take initial inventory, keep complete, accurate, and readily retrievable records of all controlled substances dispensed, and failing to account for missing controlled substances, Prax and Silber violated NRS 453.568, NAC 453.475, NAC 453.485, NAC 639.482, NAC 639.485, NAC 639.487, NAC 639.745, 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 639.210(11), (12), and/or (15), and/or NRS 639.255.

FIFTH CAUSE OF ACTION
Failure to Fill Prescription of Patient J.B. as Prescribed
(Respondent Silber)

35. By failing to fill the prescriptions for gabapentin and alprazolam of patient J.B. as indicated without consulting with the prescribing practitioners before modifying or filling all of the refills at once for J.B.'s prescriptions, Silber engaged in unprofessional conduct pursuant to NAC 639.945(1)(d), and (i), in violation of NRS 639.2396(1) and (2), NAC 453.440(7), and is subject to discipline pursuant to NRS 639.210(4), and (12), and/or NRS 639.255.

SIXTH CAUSE OF ACTION
Unlicensed Practice of Distribution/Wholesale
(Respondent Prax)

36. By dispensing prescriptions for "office use" to medical offices and/or practitioners without a wholesaler's license, Prax engaged in unlicensed practice of distribution/wholesale, in violation of NRS 639.100, NRS 639.233, NAC 639.593, 21 USC § 823, 21 USC § 841(a)(1), 21 CFR § 205.4, 21 CFR § 1301.13, and is subject to discipline pursuant to NRS 639.210(4), (11), and (12), NRS 639.255, and/or NRS 639.2895.

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SEVENTH CAUSE OF ACTION
Pharmacy/Owner Responsibilities
(Respondent Prax)

37. As the owner/operator of Prax at the time of each of the violations alleged herein, Prax is responsible for the violations, including those of its employees, pursuant to NAC 639.702, and 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, **Petitioner,** **v.** **NEVADA HEALTH RX, INC.** **D/B/A PRAX-RX,** **Pharmacy License No. PH02898,** **Respondent.**	**CASE NO. 18-043-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

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.** **NEVADA HEALTH RX, INC.** **D/B/A PRAX-RX,** **Pharmacy License No. PH02898,** **Respondent.**	**CASE NOS. 18-043-PH-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.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR NEVADA HEALTH RX, INC. D/B/A PRAX-RX

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:

Praxsyn Corporation
7904 E. Chaparral Rd., Ste. A110-210
Scottsdale, AZ 85250

Praxsyn Corporation
777 S. Flagler Dr., Ste. 800
West Palm Beach, FL 33401

Frank J. Brady
Praxsyn Corporation
61 Spectrum Blvd.
Las Vegas, NV 89101

Scot Silber, RPh
[redacted] Hazy Hills Ave
Henderson, NV, 89052

SHIRLEY HUNTING

5AA

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SCOT SILBER, RPH,** **Certificate of Registration No. 08362,** **Respondent.**	**CASE NO. 18-043-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 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.** **SCOT SILBER, RPH,** **Certificate of Registration No. 08362,** **Respondent.**	**CASE NO. 18-043-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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.

_____

SCOT SILBER, RPH

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:

Praxsyn Corporation
7904 E. Chaparral Rd., Ste. A110-210
Scottsdale, AZ 85250

Praxsyn Corporation
777 S. Flagler Dr., Ste. 800
West Palm Beach, FL 33401

Frank J. Brady
Praxsyn Corporation
61 Spectrum Blvd.
Las Vegas, NV 89101

Scot Silber, RPh
[redacted] Hazy Hills Ave
Henderson, NV, 89052

SHIRLEY HUNTING

5BB

FILED
SEP 13 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CHAD HALL, DO, Certificate of Registration No. CS20510, Respondent.	Case No. 21-108-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 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 Chad Hall, DO, held a Nevada controlled substance registration, Certificate of Registration No. CS20510, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 19, 2019, in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, Respondent was charged with the following crimes: conspiracy to distribute a controlled substance – buprenorphine, in violation of 21 USC § 841(a)(1) and (b)(1)(e), 21 USC § 846 and 18 USC § 2; distribution of a schedule III controlled substance– buprenorphine, in violation of 21 USC § 841(a)(1) and (b)(1)(e), 21 CFR §1306.04 and 18 USC § 2; distribution of a schedule IV controlled substance– valium, in violation of 21 USC § 841(a)(1) and (b)(2), 21 CFR §1306.04 and 18 USC § 2; obtaining a controlled substance by misrepresentation – buprenorphine, in violation of 21 USC § 843(a)(3) and (d)(1) and 18 USC § 2; and maintaining a drug-involved premises, in violation of 21 USC § 856 (a)(1) and (b) and 18 USC § 2.

3. On his biennial renewal application for Certificate of Registration No. CS20510 for 2020, Respondent failed to disclose to the Board the charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF.

APPLICABLE LAW

4. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 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).

5. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e).

6. 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).

7. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

8. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

9. 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).

10. 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

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

11. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

SECOND CAUSE OF ACTION

Furnishing False Material Information to Board

12. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(e), and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

THIRD CAUSE OF ACTION

Obtaining Registration by False or Fraudulent Application

13. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(10).

FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

14. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, and failing to comply with applicable federal and state laws relating to controlled substances in violation of Title 21 United States Code and NRS Chapter 453, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is therefore subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.210(12).

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 13th day of September, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **CHAD HALL, DO,** **Certificate of Registration No. CS20510,** **Respondent.**	CASE NOS. 21-108-CS-S **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 13th day of September, 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. **CHAD HALL, DO,** **Certificate of Registration No. CS20510,** **Respondent.**	CASE NO. 21-108-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

CHAD HALL, DO

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Chad Hall, DO
1701 N. Green Valley Parkway, Bldg. 5 #A
Henderson, NV 89074

SHIRLEY HUNTING

5CC

FILED
SEP 13 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **SALVADOR BORROMEO III, MD,** **Certificate of Registration No. CS09487,** **Respondent.**	CASE NO. 20-210-CS-A-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), 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, Salvador Borromeo III, MD ("Borromeo"), held a controlled substance registration, Certificate of Registration No. CS09487, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Borromeo is an actively licensed medical doctor with the Nevada State Board of Medical Examiners ("BME"). Borromeo is/was the medical director, with controlled substance registration number CS09487, of Vida Spa, LLC ("Vida Spa") located at 3225 South Rainbow Boulevard, Suite 107, Las Vegas, Nevada.

3. Giselle Platfoot ("Platfoot"), who is not a licensed practitioner, is the owner/managing member of Vida Spa.

4. MaryAnne Phillips, MD ("Phillips") is/was an anesthesiologist/pain management medical doctor currently on probation with the BME. Phillips performed anesthesiology services, including administration of controlled substances to patients, at Vida Spa to patients undergoing

cosmetic surgeries. Phillips' controlled substance registration, CS195260, has been suspended/revoked since March 6, 2014. On or about June 28, 2021, Phillips' medical license was summarily suspended.

5. Tammy Hankins ("Hankins") is/was a physician's assistant who worked with Phillips at Vida Spa. Hankins does not hold a controlled substance registration from the Board. Borromeo was the supervising physician for Hankins from June 10, 2020 to November 2, 2020. Hankins performed unsupervised cosmetic surgeries at Vida Spa, an unlicensed outpatient surgical center, and administered controlled substances from June 10, 2020 to November 2, 2020.

6. Platfoot employed Borromeo, Phillips, and Hankins at the time of the events alleged herein.

7. On or about March 24, 2021, Board staff served Platfoot, Phillips, and Hankins with a citation and fine pursuant to NRS 639.2895(1), which ordered Platfoot, Phillips, and Hankins to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances without the appropriate license(s)/registration(s).

8. On or about April 22, 2021, Platfoot paid the citation and fine.

9. On or about April 28, 2021, Phillips appealed her citation and fine, but then withdrew her appeal and paid the citation and fine on or about August 19, 2021.

10. Hankins has not responded to her citation and fine.

11. Borromeo unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Percocet, Xanax, Phenergan, Bactrim, Propofol, Midazolam, Morphine, Flumazenil, for at least four (4) patients with whom he did not have a bona fide therapeutic relationship from June 10, 2020 to November 2, 2020 by failing to examine/consult with any of the patients before signing their prescriptions for controlled substances and/or dangerous drugs.

12. Borromeo permitted Phillips, who had a suspended/revoked controlled substance registration from the Board, to independently possess, administer, furnish, or dispense controlled substances under Borromeo's credentials and/or otherwise falsely represent herself as a practitioner entitled to possess, administer, furnish or dispense controlled substances in this state.

13. Borromeo permitted Hankins, who did not have an active controlled substance registration from the Board, to independently possess, administer, furnish, or dispense controlled substances under Borromeo's credentials, and/or otherwise allowed Hankins to falsely represent herself as a practitioner entitled to possess, administer, furnish or dispense controlled substances in this state.

APPLICABLE LAW

14. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe. NRS 639.235(1).

15. 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 USC § 822(a)(2); 21 USC § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

16. It is unlawful for a practitioner to prescribe, possess, and/or administer a controlled substance and/or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 453.331; NRS 453.401; NAC 453.410; NRS 454.213; NRS 639.100(1); NRS 639.23505; NAC 639.742; NAC 639.745; NAC 639.945.

17. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 USC § 841(a); 21 USC § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

18. Conspiring to violate the Controlled Substances Act is a felony offense. 21 USC § 846; NRS 453.401(l)(a).

19. 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).

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. 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).

22. Prescribing a drug as a prescribing practitioner to a patient with whom the 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 (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

23. 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).

24. 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).

25. 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

26. By permitting Phillips, who had a suspended/revoked controlled substance registration, in the course of operating Vida Spa to independently access, possess, administer, furnish, prescribe and/or dispense controlled substances under Borromeo's name, without Borromeo having a bona fide therapeutic relationship with any such patient or without Borromeo being physically present at the time the prescriptions were administered or dispensed, and/or otherwise allowed Phillips to falsely represent herself as a practitioner entitled to possess and administer controlled substances in this state, Borromeo was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct, and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

27. By permitting Hankins, a physician's assistant without a controlled substance registration, in the course of operating at Vida Spa to have unsupervised and/or independent access, possession, administration, prescribing, and/or dispensing of controlled substances under Borromeo's name, without Borromeo having a bona fide therapeutic relationship with any such patient or without Borromeo being physically present at the time the prescriptions were administered or dispensed, and/or otherwise allowed Hankins to falsely represent herself as a practitioner entitled to independently possess, and administer controlled substances in this state, Borromeo was a party to a fraudulent or deceitful practice or transaction and engaged in

unprofessional conduct, and conduct contrary to the public interest in violation of 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

28. By writing prescriptions as the medical director of Vida Spa without examining the patients, or having a bona fide therapeutic relationship with patients, Borromeo performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

29. By permitting Phillips to independently access, possess, administer and/or dispense controlled substances, without his physical presence, and/or allowing Phillips to falsely represent herself as a practitioner entitled to independently possess/administer controlled substance prescriptions in this state, Borromeo performed his duties as a holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

30. By permitting Hankins to independently access, possess, administer and/or dispense controlled substances, without his physical presence, and/or allowing Hankins to falsely represent herself as a practitioner entitled to independently possess/administer controlled substance prescriptions in this state, Borromeo performed his duties as a holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

31. By permitting Phillips, who has/had a suspended/revoked controlled substance registration, in the course of operating at Vida Spa to independently access, possess, administer, furnish, prescribe and/or dispense controlled substances to patients, or under Borromeo's credentials without Borromeo having a bona fide therapeutic relationship with any such patients, and without his physical presence during surgical procedures, and/or otherwise falsely represent herself as a practitioner entitled to possess/administer controlled substances in this state, Borromeo aided or abetted a person not fully licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

32. By permitting Hankins, who did not have an active controlled substance registration, in the course of operating Vida Spa to independently access, possess, administer, furnish, prescribe and/or dispense controlled substances to patients, or under Borromeo's credentials without Borromeo having a bona fide therapeutic relationship with any such patients, and without his physical presence during surgical procedures, and/or otherwise falsely represent herself as a practitioner entitled to possess/administer controlled substances in this state, Borromeo aided or abetted a person not fully licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of 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 – Prescribing Without Bona Fide Therapeutic Relationship

33. By unlawfully prescribing controlled substances to patients with whom he did not have a bona fide therapeutic relationship, Borromeo engaged in unprofessional conduct and

conduct contrary to the public interest in violation of NAC 639.945(1)(n) and (o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION
Federal Controlled Substances Act Violations

34. By permitting Phillips, who had a probationary medical license, a suspended/revoked controlled substance registration, in the course of operating at Vida Spa to independently access, possess, administer, furnish, prescribe and/or dispense controlled substances to patients, or under Borromeo's credentials without Borromeo having a bona fide therapeutic relationship with any such patients, and/or otherwise allowing Phillips to falsely represent herself as a practitioner entitled to independently possess/administer controlled substances in this state, Borromeo violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 USC § 822(a)(2), 21 USC § 823(f), 21 USC § 841(a), 21 USC § 842(a), 21 USC § 846 and 21 CFR §§ 1306.03–1306.05, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

35. By permitting Hankins, a physician's assistant, with no active controlled substance registration, in the course of operating Vida Spa to independently access, possess, administer, furnish, prescribe and/or dispense controlled substances to patients, or under Borromeo's credentials without Borromeo having a bona fide therapeutic relationship with any such patients, and/or otherwise allowing Hankins to falsely represent herself as a practitioner entitled to independently possess/administer controlled substances in this state, Borromeo violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 USC § 822(a)(2), 21 USC § 823(f), 21 USC § 841(a), 21 USC § 842(a), 21 USC § 846 and 21 CFR §§ 1306.03–1306.05, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

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SIXTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

36. By his actions as set forth herein, Borromeo has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

DATED this 13th day of September, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. SALVADOR BORROMEO III, MD, **Certificate of Registration No. CS09487,** **Respondent.**	CASE NO. 20-210-CS-A-S STATEMENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 13th day of September, 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 13th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Salvador Borromeo III, MD
801 S. Rancho Drive Suite A 2
Las Vegas, NV 89106

SHIRLEY HUNTING

LARRY J. WEINSTEEN, ESQ.
Nevada Bar # 4413
Law Offices of Larry Jordan Weinsteen, Chtd.
3225 McLeod Drive, Suite 100
Las Vegas, NV 89121
(702) 383-3330
lwlawoffice@yahoo.com

FILED
SEP 24 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, v. SALVADOR BORROMEO III, M.D. Certificate of Registration No. CS09487 Respondent.	**CASE NO. 20-210-CS-A-S** **ANSWER AND NOTICE OF DEFENSE**

ANSWER AND NOTICE OF DEFENSE

COMES NOW Respondent SALVADOR BORROMEO, by and through his counsel, Larry J. Weinsteen, Esq., hereby provides the foregoing ANSWER and NOTICE OF DEFENSE to Petitioner's charges in Case Number 20-210-CS-A-S, pursuant to NRS 233B.127, NRS 622A.320, and NRS 639.243. This Opposition is based upon the arguments and evidence contained herein and any pleadings on file and/or testimony as may be heard by the Board.

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ANSWER

1. Respondent, Salvador Borromeo, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, hereby admits, denies, and alleges as follows:

A. Respondent admits the "Jurisdiction" and "Factual Allegations" made against him by the Nevada State Board of Pharmacy that are contained in Paragraphs 1, 2, and 3 of the Board's Notice of Intended Action and Accusation.

B. Respondent is without knowledge as to the allegations made against him that are contained in Paragraph 4 of the Board's Notice with respect to MaryAnne Phillips, M.D

C. Respondent denies the allegations made against him that are contained in Paragraph 5 to the extent that he was unaware that Hankins did not hold a controlled substance registration with the board; He further denies the allegation that he was her supervising physician from June 10, 2020 to November 2, 2020, as he noticed Vida Spa and Hankins that he was ending any and all association with Hankins no later than June 30, 2020; Respondent is without knowledge as to Hankins performing unsupervised "cosmetic surgeries", and is without knowledge as to her administering controlled substances beyond the limited number of prescriptions Respondent personally signed/authorized in early June, 2020.

D. Respondent denies Paragraph 6 with respect to allegations that Platfoot employed Respondent at the time of the events described therein. It was agreed by the parties that Respondent would be retained as an independent contractor and consultant, not hired as an employee. In addition, Respondent had not received any financial consideration from Platfoot, Vida Spa, Hankins, or anyone associated with them during the time prescriptions were allegedly authorized by Respondent, and any cognizable duties attendant to a legal relationship between Respondent and Vida Spa/Platfoot were not yet formed.

E. Respondent is without knowledge as to the allegations made with respect to other parties in Paragraphs 7, 8, 9, and 10.

F. Respondent denies in full the allegations contained in Paragraphs 11 and 12 in full.

G. Respondent denies Paragraph 13 in full.

H. Respondent admits "Applicable Law" allegations contained in Paragraphs 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, and 25.

I. Respondent denies in full "First Cause of Action, Unprofessional Conduct – Party to a Fraudulent,/Deceitful Practice/Transaction", Paragraphs 26 and 27.

J. Respondent denies in full "Second Cause of Action, Unprofessional Conduct – Incompetent, Unskillful, or Negligent Performance of Duties", Paragraphs 28, 29, and 30

K. Respondent denies in full "Third Cause of Action, Unprofessional Conduct – Aiding and Abetting Unlicensed Practice of Medicine", Paragraphs 31 and 32.

L. Respondent denies in full "Fourth Cause of Action, Unprofessional Conduct – Prescribing Without Bonafide Theraputic Relationship", Paragraph 33.

M. Respondent denies in full "Fifth Cause of Action, Federal Controlled Substances Act Violations, Paragraphs 34 and 35

N. Respondent denies in full "Sixth Cause of Action, Commission of Acts that Render Registration Inconsistent with the Public Interest", Paragraph 36.

NOTICE OF DEFENSE

Respondent objects to the Notice of Intended Action and Accusation as being incomplete, inaccurate, or failing to state clearly the charges against him, and his defense is hereby interposed on the following grounds:

POINTS AND AUTHORITIES

I. RESPONDENT, SALVADOR BORROMEO III, M.D., INITIALLY AGREED TO BECOME THE NEW "MEDICAL DIRECTOR" OF VIDA SPA BASED UPON FALSE REPRESENTATIONS THAT WERE MADE TO HIM BY OTHERS

When Respondent met in person for the first time with Vida Spa owner, Giselle Platfoot, to discuss his working with the Spa, both the nature and scope of business conducted by Vida Spa were intentionally and fraudulently misrepresented to him. Platfoot met with Respondent for what was, in retrospect, a suspiciously brief 15 minute meeting to discuss details of what Vida Spa was seeking. At that meeting, the nature and scope of the role that Respondent would be asked to perform was also misrepresented to him. Respondent was explicitly told by Platfoot that the Spa only performed "non-invasive" cosmetic procedures such as facials and fillers. Respondent was pointedly not told by Platfoot that the Spa was engaged in performing any liposuction procedures of any type, nor engaged in any practice or procedure that could be categorized as "invasive" in nature. Further, he was not told at this initial meeting that he would be expected to become the "supervising physician" for one of their Physician's Assistants or asked to sign any prescriptions.

The title of "Medical Director", which was created by Platfoot, is itself inherently misleading. It was represented to Respondent by Platfoot at their meeting that he would be an independent contractor, not an employee. His duties would be limited to consulting with Vida Spa and its employees. These consulting services involved making himself available to Vida Spa's employees by telephone on what were supposed to be rare occasions when his medical expertise might be needed. In addition to making himself available by phone, he was told by Platfoot that he would only be asked to make one visit per month to the Spa, where he would review and give his advice on policies and procedures, meet with the staff, review any files brought to him, and answer any questions from employees. Respondent was specifically told that he was only going to be meeting with staff, not examining or treating patients. It should further be noted that Dr. Borromeo was never even told by Platfoot that pharmaceuticals were being dispensed at the Spa.

As compensation for his efforts, Ms. Platfoot offered to pay Respondent a modest consulting fee of $3,000.00 per month. It again should be emphasized that at no time during this meeting was Respondent told that he would be asked to write, sign, supervise, or authorize any prescriptions for patients of the Vida Spa in his position as an independent

contractor. This material omission as to what he was told by Platfoot was highly relevant to his initially agreeing to accept the position. Had Respondent been made aware that he would be asked to sign prescriptions, he would never have agreed to the consulting agreement.

Respondent further anticipated that his duties would begin after he scheduled his first visit to the Spa, when he would be able to observe what was being done there and review policies and procedures. However, within a couple of days after meeting with Ms. Platfoot, and before having the opportunity to schedule his first in-person visit, Respondent was unexpectedly presented with a contract to sign. The contract was personally brought to his office by someone from Vida Spa, who waited for him to sign it while he was with patients. Dr. Borromeo was running both a private medical practice and working at the "Wound Care Center" of Centennial Hospital in Las Vegas, so was extremely busy at the time. He had not yet had the opportunity to make his initial visit to the spa to review all of its operations. As such, although he prematurely signed the agreement that was brought to him, it was his understanding that at that point, since he had not even scheduled his first in-person visit, he was not yet taking a "supervisory" role over the Spa, its employees, or the dispensation of any medication.

II. RESPONDENT WAS "AMBUSHED" BY TAMMY HANKINS TO SIGN A SUPERVISORY FORM AND TO AUTHORIZE A NUMBER OF PRESCRIPTIONS SHE HAD WRITTEN FOR PATIENTS.

Within a couple of days of signing the agreement with Vida Spa, prior to his initial visit or receiving any compensation, Respondent received a call from Tammy Lynn Hankins, who introduced herself and asked if she could come by his office to meet with him in person. Dr. Borromeo said she could. At that meeting, Respondent was blindsided with a request from Hankins that he sign a document to be filed with the State that would formally notify them that he would become her "supervising physician". This was something that was never discussed in his meeting with Platfoot, and had not been agreed to by the parties. Hankins, however, explained to Respondent that they expected the incoming "Medical Director" of the Spa to become her supervising physician. She convinced him that it would be proper from a formality standpoint, even though it had been understood that he would only be visiting the Spa once per month.

In addition, at that same initial meeting, Hankins asked Respondent to review and sign a number of prescriptions for pain medication that she said she had written for Vida Spa patients. She told Respondent that these prescriptions were for post-treatment pain that some patients experience after having cosmetic procedures performed. Again, it should be noted that Respondent had already previously been given full assurances by Platfoot that the Spa was strictly doing "non-invasive" cosmetic procedures, and at this point had not yet visited the facility himself. Respondent relied on the representations made to him by Hankins, who he believed to be an experienced and properly licensed Physician's Assistant.

In context, it should also be noted that Respondent had dealt with other P.A.'s in the past who, while fully licensed and authorized to issue prescriptions themselves, preferred to let a Medical Doctor sign the prescriptions. That said, Hankins conveniently (and intentionally) did not tell Respondent that she did not possess a valid controlled substance registration from the Board herself.

III. RESPONDENT HAD NO CONTACT WITH DR. MARYANN PHILLIPS.

Respondent did not have any contact with Dr. MaryAnn Phillips until after he ended his consulting agreement with Vida Spa, and tendered his resignation as "Medical Director" to Giselle Platfoot a couple of weeks after he signed her agreement. All prescriptions that Respondent is/was aware of relating to his involvement with Vida Spa were signed by him at his office after being presented by the Physician's Assistant, Tammy Lynn Hankins. At no time did he allow his prescription pad to be removed from his office, nor did he ever allow for prescriptions to be authorized in his name without his knowledge. To his knowledge, he never authorized any prescriptions for Dr. Phillips, and was unaware of her involvement with Vida Spa at the time he signed the prescriptions brought to him by Hankins. .

With respect to the allegations relating to Phillips contained in the Board's Notice of Intended Action and Accusation, it is again noted that Respondent was unaware of Phillips' involvement until after he noticed his impending resignation to Vida Spa. Until he made his one and only (post-resignation) visit to the Spa, he had never met Phillips, was unaware that she was employed by Vida Spa, was unaware of her licensing status, and was unaware of her alleged involvement with the dispensation of pharmaceuticals.

IV. RESPONDENT FOLLOWED THE SAME "COVID" PROTOCOLS HE WAS DIRECTED TO FOLLOW AT CENTENNIAL HOSPITAL WITH RESPECT TO AUTHORIZING PRESCRIPTIONS FOR PATIENTS HE DID NOT SEE IN PERSON.

The meeting between Hankins and Respondent occurred in the first days of June, 2020, during the height of the COVID pandemic. At this time, in-person contact was being actively discouraged by not just hospitals but also medical facilities. There was also still a genuine fear of possible "surface spread" of the COVID virus, in addition to open questions as to the extent of its transmissibility. In signing prescriptions for Ms. Hankins without seeing in person those patients for whom the prescriptions were written, it should be noted that Dr. Borromeo was acting consistent with the emergency COVID protocols he was directed to follow at Centennial Hospital at the time.

At Centennial Hospital and other medical facilities, in-person contact was being strongly discouraged. In particular, at Centennial, there were COVID protocols implemented that interpreted the definition of a "bona fide therapeutic relationship" as referred to in state statutes expansively, and they did not require Respondent to have any "in person" or "direct" contact with patients. Doctors were authorized to sign prescriptions that were brought to them by licensed P.A.'s (regardless of whether these P.A.'s had their own ability to prescribe medication) so long as the P.A. had examined the patients in-person themselves - thereby reducing the number of contacts with medical personnel that could spread the virus.

Since Respondent was following these protocols at Centennial, it impacted his decision to authorize the prescriptions brought to him Ms. Hankins. He was told they were for non-invasive cosmetic procedures, and reasonably believed that direct contact with these Spa patients would not be necessary, especially taking into account the COVID pandemic.

V. DR. BORROMEO ENDED HIS RELATIONSHIP WITH VIDA SPA WITHIN 30 DAYS AFTER HIS INITIAL MEETING WITH PLATFOOT.

Respondent only met with Hankins in his office one time, in which she showed up with a number of prescriptions for him to sign. A short time later, Hankins called Respondent to tell him that one of her patients had been having "complications" from a procedure she had done. After further questioning by Respondent, Hankins conceded that it was due to

complications from a "lipo" procedure. That concerned Respondent, despite the fact that it had been made amply clear to him by Platfoot that the only procedures being performed at Vida Spa were non-invasive in nature. He initially thought that these complications were from a "tumescent" liposuction procedure. Still, this call concerned him as to what procedures were being done at Vida Spa as he previously had never been told by either Platfoot or Hankins that the Spa performed ANY type of liposuction procedures. Due to this concern, and discomfort with the call from Hankins, shortly thereafter he called Giselle Platfoot. In that call, Respondent told her that he "no longer felt comfortable working with them", as he never agreed to sign prescriptions and was concerned about the Hankins call. He noticed Platfoot that he was ending any association he had with Vida Spa or Hankins, to become effective the last day of the month (to give them a brief time to find a replacement, at Platfoot's request).

After giving notice to Platfoot that he would be ending any further relationship with Vida Spa and Hankins at the end of the month, he decided to visit the Spa in person to see for himself what type of procedures they were doing there. This visit ratified his decision to end the consulting agreement and disassociate himself from Vida Spa, Platfoot, Hankins, etc. It became clear to Respondent after visiting the Spa in person that he had been lied to. Among other things, based upon files he reviewed there, it appeared to him that they were doing liposuction procedures that may be categorized as "invasive", which he had never made aware of. He recognized at that point that he had been intentionally deceived into becoming their "Medical Director" and, attendant to that, into signing the prescriptions for Hankins.

Although the allegations from the Board state that he supervised Ms. Hankins from June 10, 2020 to November 2, 2020, Respondent actually notified Ms. Platfoot that he would no longer agree to supervise Ms. Hankins at the time he resigned his position with Vida Spa, and that any association with Vida Spa and Hankins would end no later than June 30, 2020. It was his further understanding based on that conversation with Platfoot that Vida Spa would file the proper paperwork needed to notify the appropriate regulatory agencies that Respondent was no longer involved with either Vida Spa or Hankins. That was told to him by Platfoot. Unfortunately, that paperwork was never filed as she had promised Respondent. When Respondent discovered this omission a few months later, he then immediately had the proper notification paperwork filed with the State himself.

CONCLUSION

To be blunt, Dr. Borromeo was effectively "duped" into agreeing to become the Medical Director of Vida Spa and to supervise Ms. Hankins. When Respondent authorized a number of prescriptions brought to him by Hankins, they were brought to him to sign under false pretenses. His doing so was done in the context of naively (and foolishly) relying on numerous lies and omissions that were made to him. Respondent was told that his role with Vida Spa was limited to that of a consultant. He was told that the Spa only did "non-invasive" procedures. He was not told he would be asked to sign prescriptions. When he did sign the handful of prescriptions brought to him by Hankins, he felt pressured into doing so, but trusted Hankins, who was a licensed P.A. He was unaware that Hankins was not able to sign prescriptions herself. In addition, when he signed these prescriptions, he was completely unaware of and never had contact with Dr. Maryanne Phillips, much less was he a knowing party to any "fraudulent or deceitful practices" she may have been engaged in.

While Respondent did not personally examine a number of patients who he wrote prescriptions for, it should also be noted that he was only following the pandemic protocol he had been instructed to follow at Centennial Hospital, designed to limit in-person contact during the pandemic. This policy implicitly concluded that "in person" contact between Doctor and patient was not necessary to establish a "bona fide therapeutic relationship" per Nevada Statutes. And it further directed doctors to sign prescriptions brought to them by a licensed P.A. so long as she had examined the patient in person herself.

In retrospect, it is clear that Respondent should have done additional due diligence prior to any involvement with Vida Spa or the individuals associated with it. However, we believe an equitable review of the totality of circumstances will show that Respondent did not intentionally violate NRS 453.231 or related statutes, as he did not possess the "mens rea" to do so. His actions were instead a direct result of his being intentionally and repeatedly misled by demonstrably nefarious actors.

Respectfully Submitted:

LARRY JORDAN WEINSTEEN, ESQ.
Nevada Bar # 4413
Law Offices of Larry Jordan Weinsteen, Chtd.
3225 McLeod Drive, Suite 100
Las Vegas, NV 89121
(702) 383-3330
Attorney for Salvador Borromeo, III, M.D.

AFFIDAVIT OF SALVADOR BORROMEO III, M.D.

STATE OF NEVADA)
)ss:
County of Clark)

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

1. I am over the age of eighteen, and competent to testify of my own knowledge to the following.

2. That I have read the foregoing "ANSWER AND NOTICE OF DEFENSE" that is a response to the "NOTICE OF INTENDED ACTION AND ACCUSATION" filed by the Nevada State Board of Pharmacy on September 13, 2021.

3. That 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 24th day of September, 2021

SALVADOR BORROMEO III, M.D.

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of September, 2021 I deposited for mailing in U.S. Mail in Las Vegas, Nevada two copies of the foregoing ANSWER AND NOTICE OF DEFENSE in a sealed envelope, with first class postage fully prepaid therein, to the following parties:

NEVADA BOARD OF PHARMACY
985 Damonte Ranch Pkwy, Suite 206
Reno, Nevada 89521

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SALVADOR BORROMEO III, MD,** **Certificate of Registration No. CS09487,** **Respondent.**	**Case Nos. 20-210-CS-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), and RespondentSalvador Borromeo III, MD ("Borromeo"), Certificate of Registration No. CS09487,by and through counsel, Larry J. Weinsteen, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about August 13, 2021, Board Staff served RespondentBorromeowith the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement toRespondent and Notice of Hearing.

3. On or about September 27, 2021, Respondent Borromeo filed an Answer and Notice of Defense ("Answer") through counsel.

4. RespondentBorromeoisfully 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. RespondentBorromeois aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded 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 RespondentBorromeofailed to comply

revocationis stayed, and Borromeois placed on probation for two (2) years from the effective dateof this signed Stipulation and Order, subject to the following conditions.Borromeo shall:

A. Accept this Stipulation and Order as a public reprimand regarding Respondent Borromeo's duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5,000.00) for the alleged violations;

C. Pay Two-Thousand Dollars ($2,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Complete four (4) hours of additional continuing education regarding proper prescribing of controlled substances and dangerous drugs to be completed and certificate to be forwarded to the Board within ninety (90) days of this Order; and

E. 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,RespondentBorromeo's Certificate of Registration No. CS09487 will be fully restored, conditioned upon Borromeo's underlying medical license and DEA registration being active and in good standing.

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 byRespondent, the Board maylift the stay of revocation, and immediately revoke Borromeo's Certificate of Registration No. CS09487. The Board may impose additional discipline upon that 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 October 13, 2021.

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 have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 28 day of September, 2021

SALVADOR BORROMEO III, MD
Certificate of Registration No. CS09487

APPROVED AS TO FORM AND CONTENT this 28th day ofSeptember, 2021

LARRY J. WEINSTEEN, ESQ.
Counsel for RespondentSalvador Borromeo, III, MD

Signed this ____ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Salvador Borromeo, III, MD, Certificate of Registration No. CS09487, in Case No. 20-210-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 ofOctober, 2021.

_____

Helen Park, President
Nevada State Board of Pharmacy

5DD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KATILA PIPITONE, RPH, Certificate of Registration No. 18500, Respondents.	CASE NOS. 18-028-RPH-A-S 20-063-RPH-S STATEMENT 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, an Second Amended Notice of Intended Action and Amended 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 Second Amended Notice of Intended Action and Amended 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 Second Amended Notice of Intended Action and Amended 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 Second Amended Notice of Intended Action and Amended Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 13th day of September, 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 13th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Lins Supermarket, Inc., #5
350 S. Moapa Valley Blvd.
Overton, NV 89040

Timothy Johnson, R.Ph.
[redacted] Nez Perce Avenue, #1702
Logandale, NV 89021

Katila Pipitone, R.Ph.
[redacted] River Heights Lane
Logandale, NV 89021

William J. Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, UT 84101

SHIRLEY HUNTING

FILED
SEP 27 2021
NEVADA STATE BOARD OF PHARMACY

William J. Stilling (NBN 9915)
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222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-980-1888
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlaw.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LIN'S SUPERMARKETS, INC.** **Pharmacy License No. PH01395,** **KATILA PIPITONE, RPH,** **Certificate of Registration No. 18500** **TIMOTHY JOHNSON, RPH,** **Certificate of Registration No. 19232,** **Respondents.**	**CASE NOS. 18-028-PH-S** **18-028-PH-A-S** **18-028-PH-B-S** **20-063-PH-S** **20-063-RPH-S** **21-107-PH-S** **21-107-RPH-S** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE TO SECOND AMENDED NOTICE OF INTENDED ACTION AND AMENDED ACCUSATION**

Respondents Lin's Supermarkets ("Lin's"), Inc., Katila Pipitone, R.Ph., and Timothy Johnson, R.Ph. by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Second Amended Notice of Intended Action and Accusation ("Amended Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice of Intended Action and Accusation.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice of Intended Action and Accusation, Respondents admit, deny, and allege as follows:

JURISDICTION

1. Respondents admit the allegations in paragraph 1.

FACTUAL ALLEGATIONS

2. Respondents admit the allegations in paragraph 2.

3. Respondents admit the allegations in paragraph 3.

4. Respondents admit the allegations in paragraph 4.

5. Respondents admit that Mr. Johnson found a discrepancy in Lin's inventory on or about December 21, 2017 of 70 oxycodone-acetaminophen 10-325 tablets and that Lin's pharmacy filed a DEA Form 106 on April 11, 2018. Respondents lack sufficient knowledge to admit or deny the remaining allegations in paragraph 5 and therefore deny them.

6. Respondents admit that on or about April 2, 2018, Mr. Johnson discovered a discrepancy of 400 oxycodone hydrochloride 15 mg tablets in Lin's inventory. The missing tablets were reported to the DEA by submission of DEA Form 106 on April 9, 2018. Respondents lack sufficient knowledge to admit or deny the remaining allegations in paragraph 6 and therefore deny them.

7. Respondents admit the allegations in paragraph 7.

8. Respondents admit that on April 2, 2020, Ms. Pipitone did what she could to provide L.B. with the correct dosage of oxycodone 10 mg at a time when there were no oxycodone 10 mg tablets in stock. Ms. Pipitone knew L.B. had been receiving oxycodone for a chronic pain condition and attempted to solve a clinical problem after attempting to contact the prescriber. Ms.

Pipitone informed L.B. she could not fill the oxycodone 10 mg because Lin's did not have any of that strength in stock. Ms. Pipitone knew L.B. needed this medication and provided L.B. with several options that included filling the prescription at a different pharmacy or dispensing 20 mg tablets and cutting them in half. She also explained that if she supplied 7 days of oxycodone 20 mg with instructions to cut the tablets in half: (i) L.B. would have to obtain a new prescription to fill the remainder of the thirty-day supply the prescriber ordered; (ii) insurance might not pay for the remaining tablets; and (iii) patients often do not like cutting tablets because the tablets sometimes shatter. L.B. agreed to receive a seven-day supply and to cut the tablets in half. Ms. Pipitone dispensed the correct dosage for L.B. (1/2 20 mg tablet) as was prescribed (10 mg). Respondents deny all other allegations in paragraph 8.

9. Respondents admit that Ms. Pipitone called the prescriber's office on April 2, 2020, was transferred to voice mail, and left a message. Respondents admit that in response to Ms. Pipitone's phone call, L.B.'s prescriber called the pharmacy on April 6 to cancel the remaining 23-day supply so L.B. could fill the remaining tablets at a pharmacy that had 10 mg oxycodone in stock to dispense. Respondents deny all other allegations in paragraph 9.

10. Respondents admit the allegations in paragraph 10.

11. Respondents admit the allegations in paragraph 11 except as to the following. Patient L.B. was supposed to received six prescriptions, but one of the prescriptions was a bulk prescription. She received six prescriptions, but mistakenly received a prescription for her former spouse J.B. who has the same last name. The bulk prescription was not included in the six prescriptions L.B.

12. Respondents admit the allegations in paragraph 12.

APPLICABLE LAW

13–24. Paragraphs 13 through 24 are statements of Nevada law and are not subject to admission or denial. To the extent anything in paragraphs 13 through 24 implies that Respondents engaged in unprofessional or unlawful conduct, Respondents deny the allegations in those paragraphs.

FIRST CAUSE OF ACTION
Violation of State Loss Reporting Requirement against Respondent (Lin's, Pipitone, and Johnson)

25. Respondents deny the allegations in paragraph 25.

SECOND CAUSE OF ACTION
Violation of Federal Loss Reporting Requirement against (Respondents Lin's, Pipitone and Johnson)

26. Respondents deny the allegations in paragraph 26.

THIRD CAUSE OF ACTION
Failure to Keep Complete and Accurate Records against Respondents Lin's, (Pipitone and Johnson)

27. Respondents deny the allegations in paragraph 27.

FOURTH CAUSE OF ACTION
Failure to Fill Prescription as Prescribed (Respondent Johnson)

28. Respondents deny the allegations in paragraph 28.

FIFTH CAUSE OF ACTION
Failure to Fill Prescription as Prescribed (Respondent Pipitone)

29. Respondents deny the allegations in paragraph 29.

SIXTH CAUSE OF ACTION
Managing Pharmacist Responsibilities (Respondent Pipitone)

30. Respondents deny the allegations in paragraph 30.

SEVENTH CAUSE OF ACTION
Pharmacy/Owner Responsibilities
Respondent Lin's

31. Respondents deny the allegations in paragraph 30.

OTHER DEFENSES

32. Each cause of action fails to state a claim upon which relief can be granted.

33. DEA theft and loss reporting regulations do not require reporting if a prescription for controlled substances is overfilled.

34. Determination of whether an entity violated federal laws and regulations cited in the Notice is a matter for federal courts and agencies, not a state entity such as the Nevada Board of Pharmacy.

MITIGATION AND PRACTICE CHANGES

35. For some two decades, Lin's in Overton has had fastidious compliance for controlled substances record keeping. No controlled substance losses have occurred prior to the alleged incidents at the pharmacy. The allegations in the Notice are the first time any claims of controlled substances record-keeping problems have arisen.

36. Most of the allegations in the Notice occurred several years ago (in 2017 and 2018) and the other more than a year ago. There have been no reports of issues with controlled substances record keeping or dispensing since then.

37. Lin's immediately filed a DEA 106 Form after the April 2018 discovery of what appeared to be an overfilled prescription. Even if it had not done so, DEA does not consider accidently overfilled prescription to be an incident for which a DEA-106 needs to be submitted. Likewise, the discrepancy that occurred in December 2017 appears to have been from an overfill. Nonetheless, Lin's submitted a DEA-106 form.

38. The two inspection reports subsequent to the date of the allegations did not document any controlled substance loss or other concerns.

39. When Ms. Pipitone dispensed 20 mg oxycodone with instructions for the patient to cut the tablets in half, she did so to help the patient receive the same dose of oxycodone as had been prescribed so the patient could receive the therapeutic benefit of the prescription and avoid pain associated from a chronic condition for which L.B. had been receiving the oxycodone. Ms. Pipitone knew L.B. had been receiving oxycodone for a chronic pain condition and attempted to solve a clinical problem when she could not get hold of the prescriber.

40. Lin's personnel cooperated fully with the inspectors and provided information requested pertaining to employee drug testing.

41. Lin's voluntarily implemented recommendations made by the NV Inspector(s). These include the following.

42. Lin's now utilizes a biometric fingerprint reader for accessing the pharmacy information system instead of the systems standard Random Daily Access Code (RDAC), which the teams used to scan when accessing the pharmacy information system.

43. Lin's proactively drug tested all employees when it learned of the discrepancies.

44. Lin's pharmacists double counted, back counted, and recorded on the dispensed label and perpetual logbook. Now, pharmacy personnel document those each time in the pharmacy prescription note for CIIs indicating the double count and back count amounts. These changes are additional safeguards against internal diversion. There has never been any allegation of, or evidence for, such diversion.

45. Lin's is the only pharmacy in Overton, NV. Even though Lin's has had a pristine record of compliance and has implanted additional processes to ensure no further discrepancies will

occur, pharmaceutical suppliers or payors are likely to take actions that will impair Lin's ability to serve Overton patients. If this occurs, patients in the community will have more difficulty accessing pharmacy services and obtaining necessary medications.

46. Lin's is the only provider in the area providing COVID vaccinations. Disciplinary action that results in disruption to pharmacy operations could impact patient access to vaccinations and other Covid-19 related services.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

2. To the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

PRAYER FOR RELIEF

1. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

2. That the Board dismiss all Causes of Acton in in the Notice.

3. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 27th day of September 2021.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Lin's Supermarkets, Inc.
Katila Pipitone, R.Ph.
Timothy Johnson, R.Ph.

CERTIFICATE OF SERVICE

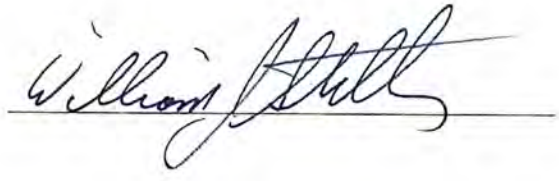
I hereby certify that on September 27, 2021, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Courtney Lee
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road E217
Las Vegas, NV 89119
c.lee@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LIN'S SUPERMARKET, INC.,** **Pharmacy License No. PH01395,** **KATILA PIPITONE, RPH,** **Certificate of Registration No. 18500,** **TIMOTHY JOHNSON, RPH,** **Certification of Registration No. 19232,** **Respondents.**	**Case Nos. 18-028-PH-S** **18-028-RPH-A-S** **18-028-RPH-B-S** **20-063-PH-S** **20-063-RPH-S** **21-107-PH-S** **21-107-RPH-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Lin's Supermarket ("Lin's"), Pharmacy License No. PH01395, Respondent Katila Pipitone, RPh ("Pipitone"), Certificate of Registration No. 18500, Respondent Timothy Johnson, RPh ("Johnson"), Certificate of Registration No. 19232, by and through counsel**,** William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about March 10, 2021, Board Staff served Respondents Lin's, Pipitone, and Johnson with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. On or about May 4, 2021, Respondents Lin's, Pipitone, and Johnson filed their joint Answer and Notice of Defense through commonly retained counsel, William Stilling, Esq.

4. On or about July 23, 2021, Board Staff served Respondents Lin's, Pipitone, and Johnson with the First Amended Notice of Intended Action and Accusation ("1st Amended Accusation").

5. On or about September 13, 2021, Board Staff served Respondents Lin's, Pipitone, and Johnson with the Second Amended Notice of Intended Action and Accusation ("2nd Amended Accusation").

6. On or about September 27, 2021, Respondents Lin's, Pipitone, and Johnson filed their joint Amended Answer and Notice of Defense through commonly retained counsel, William Stilling, Esq.

7. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

8. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded 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.

9. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

10. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Second Amended Accusation, that:

A. In case number 18-028, Respondents Pipitone and Johnson failed to report the shortages/loss of controlled substances within ten (10) days of loss discovery to the Board, in violation of NRS 453.568.

B. In case number 18-028, Respondents Lin's, Pipitone and Johnson failed to keep complete and accurate records of all inventories of controlled substances maintained and dispensed, in violation of NRS 453.246, NRS 453.568, NAC 453.485, NAC 639.482, NAC 639.485, NAC 639.510, NAC 639.745.

C. In case number 20-063, Respondent Pipitone failed to fill the controlled substance prescription of patient L.B. as specified and without receiving confirmation after attempting to consult with the prescribing practitioner in violation of NRS 453.381(8), NRS 639.100(1), NAC 453.440(7), and NAC 639.252(2).

D. In case number 21-107, Respondent Johnson mistakenly dispensed a hydrocodone prescription to patient L.B. with the same last name, instead of correct patient J.B. Patient L.B. had six (6) prescriptions for herself and one (1) for her current husband. The hydrocodone prescription was mistakenly dispensed to patient L.B.

E. In case number 18-028, Respondent Pipitone is responsible as the managing pharmacist for the violations pursuant to NRS 639.210(15), NRS 639.220(3)(c) and NAC 639.702.

F. In case numbers 18-028, 20-063, and 21-107, Respondent Lin's is responsible for the violations as the pharmacy at which the violation of law alleged herein occurred pursuant to NRS 639.230(5), NAC 630.702, and NAC 639.945(2).

11. Those violations are plead with particularity in the 2nd Amended Accusation, and are grounds for action pursuant to NRS 639.210 and/or NRS 639.255.

12. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Pipitone stipulate to the following. The registration of Katila Pipitone, RPh, Certificate of Registration No. 18500, is subject to the following penalties and conditions:

A. In case number 18-028, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

B. In case number 20-063, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

C. In case number 18-028, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. In case number 20-063, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

E. In case number 20-063, Respondent is placed on probation for a period of one (1) year, and shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

Upon successful completion of probation, Respondent Pipitone's Certificate of Registration No. 18500 will be fully restored.

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Johnson stipulate to the following. The registration of Respondent Timothy Johnson, RPh, Certificate of Registration No. 19232, is subject to the following penalties and conditions:

A. In case number 18-028, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

B. In case number 21-107, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

C. In case number 18-028, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. In case number 21-107, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

E. In case number 21-107, Respondent is placed on probation for a period of one (1) year and 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.

Upon successful completion of probation, Respondent Johnson's Certificate of Registration No. 19232 will be fully restored.

14. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Lin's stipulate to the following. The license of Respondent Lin's Supermarket, Pharmacy License No. PH01395, is subject to the following penalties and conditions:

A. In case number 18-028, Respondent Lin's shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

B. In case number 20-063, Respondent Lin's shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

C. In case number 21-107, Respondent Lin's shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

D. In case number 18-028, Respondent Lin's shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

E. In case number 20-063, Respondent Lin's shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

F. In case number 21-107, Respondent Lin's shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

G. Respondent Lin's shall successfully pass quarterly inspections to be completed by Board's staff at Lin's expense;

H. In case numbers 18-028, and 21-107, Respondent Lin's has provided policies that existed at the times of the acts alleged in the Notice and Accusation that effectuate and require timely reporting of controlled substance losses in compliance with federal and state law. Further, Respondent Lin's shall produce policies and procedures that require checking each bulk prescription against prescriptions listed on the computer screen as referenced in paragraph 12 of the Notice and Accusation to Board's staff for approval within thirty (30) days of entry of this Order;

I. In case number 21-107, Respondent Lin's is placed on probation for a period of one (1) year.

Upon successful completion of probation, Respondent Lin's Pharmacy License No. PH01395, will be fully restored.

15. Any failure by any 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 the non-compliant Respondent(s) 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 any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

16. 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 October 13, 2021. Respondents will appear telephonically or *via* Zoom 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 Respondents or counsel are not present at the meeting.

17. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

18. 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 on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein 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 entry of this Order.

20. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein 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 entry of this Order.

21. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another 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.

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 29th day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this ___ day of September, 2021

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this ___ day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this ___ day of September, 2021

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this ___ day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this 29th day of September, 2021

Timothy Johnson

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this ___ day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this ___ day of September, 2021

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this 29th day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Lin's Supermarket, Inc., Pharmacy License No. PH01395, Respondent Katila Pipitone, RPH, Certificate of Registration No. 18500, and Respondent Timothy Johnson, RPH, Certificate of Registration No. 19232, in Case Nos. 18-028, 20-063, and 21-107 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October, 2021.

_____
Helen Park, President
Nevada State Board of Pharmacy

5EE

FILED
SEP 13 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. LIN'S SUPERMARKET, INC., Pharmacy License No. PH01395, **KATILA PIPITONE, RPH,** **Certificate of Registration No. 18500,** **TIMOTHY JOHNSON, RPH,** **Certification of Registration No. 19232,** **Respondents.**	CASE NOS. 18-028-PH-S 18-028-RPH-A-S 18-028-RPH-B-S 20-063-PH-S 20-063-RPH-S 21-107-PH-S 21-107-RPH-S **SECOND AMENDED NOTICE OF INTENDED ACTION AND AMENDED 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 Second Amended Notice of Intended Action under Nevada Revised Statutes ("NRS") 233B.127(3) and as a Second Amended 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 Lin's Supermarket, Inc. ("Lin's") held a Nevada Pharmacy License No. PH01395, Respondent Katila Pipitone, RPh, ("Pipitone") held a Nevada Pharmacist Certificate of Registration No. 18500, and Respondent Timothy Johnson, RPh, ("Johnson") held a Nevada Pharmacist Certificate of Registration No. 19232, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Lin's is located at 350 S. Moapa Boulevard, Overton, Nevada 89040.

3. Respondent Pipitone was the managing pharmacist of Lin's from at least 2017 to present.

4. Respondent Johnson was a staff pharmacist of Lin's during the alleged and relevant timeframes.

5. On or about December 21, 2017, Respondent Johnson discovered that seventy (70) tablets of Oxycodone-Acetaminophen 10-325 mg were missing from Lin's inventory. The missing tablets were reported to the Drug Enforcement Administration ("DEA") by submission of DEA form 106 on April 11, 2018.

6. On or about April 2, 2018, Respondent Johnson discovered that 400 Oxycodone Hydrochloride 15 mg tablets were missing from Lin's inventory. The missing tablets were reported to the DEA by submission of DEA form 106 on April 9, 2018.

7. On or about April 2, 2020, patient L.B. was e-prescribed a prescription for Oxycodone 10 mg tablets, quantity 120, a 30-day supply, with instruction to take 1 tablet oral 4 times a day as needed for pain.

8. Without consultation or approval from the prescribing practitioner, Respondent Pipitone changed the dose of medication and quantity to Oxycodone 20 mg tablets, quantity 14, for 7 days, with instruction to take one-half tablet 4 times a day. Pipitone instructed patient L.B. to cut the tablets in half.

9. The Oxycodone prescription was cancelled on April 6, 2020, by the prescribing practitioner to allow patient L.B. to fill the remaining 23-day prescription at a different pharmacy with the correct strength.

10. On or about June 18, 2021, a prescription was mistakenly dispensed for a patient with the same last name. The pharmacist on duty, or supervising pharmacist, was Respondent Johnson. On or about June 21, 2021, Christopher Sheard, the Pharmacy Operations Manager at Lin's, self-reported the mistaken dispensing.

11. The prescription was for patient J.B., but mistakenly dispensed to another patient L.B. The prescription was Hydrocodone-APAP 10/325 mg #112 for a 28-day supply. Patient L.B. was given seven (7) total prescriptions, six (6) were for herself and one (1) for her current spouse J.C. One of the 6 prescriptions dispensed was for her ex-spouse J.B., with the same last

name. The pharmacist contacted the patient, who denied receiving the prescription for Hydrocodone prescribed for another patient despite video which appear to show otherwise.

12. Lin's has since implemented a new procedure to check each bulk prescription against the prescriptions listed on the computer screen for a patient to prevent future mis-dispensing.

APPLICABLE LAW

13. A pharmacist shall not dispense a controlled substance in violation of state or federal law. NRS 453.381(8); NRS 639.100(1); 21 CFR § 1306.04. A pharmacist must comply with NAC 453.440(7) when filling a prescription for a schedule II-controlled substance.

14. Persons registered to dispense controlled substances and/or dangerous drugs shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law. NRS 453.246; NRS 453.326(1); NRS 453.568; NAC 453.475; NAC 453.480; NAC 453.485; NAC 639.482; NAC 639.485; NAC 639.510; NAC 639.745; 21 USC § 842(a)(5); 21 CFR § 1304.21.

15. Any controlled substance loss must be reported to the DEA within one (1) business day. 21 CFR § 1301.76(b).

16. Any controlled substance loss must be reported to the Board within ten (10) days. NRS 453.568.

17. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription. NAC 639.252(2).

18. Failing strictly to follow the instructions of the person writing, making or ordering a prescription as to its filling or refilling constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(d) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

19. Performing any duties as the holder of a pharmacist 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).

20. 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).

21. 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. 453.236; NRS 453.241; NRS 639.210(12).

22. A managing pharmacist is responsible for violations committed by the pharmacy's employees. NRS 639.220(1); NAC 639.702.

23. The Board may suspend or revoke a 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."

24. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230(5); NAC 639.702; NAC 639.945(2).

FIRST CAUSE OF ACTION

Violation of State Loss Reporting Requirement (Respondents Lin's, Pipitone and Johnson)

25. By failing to report shortages/loss of controlled substances within ten (10) days of loss discovery to the Board as alleged herein, Respondents Lin's, Pipitone, and Johnson violated NRS 453.568 and are subject to discipline pursuant to NRS 639.210(12) and/or (15) and NRS 639.255.

SECOND CAUSE OF ACTION
Violation of Federal Loss Reporting Requirement
(Respondents Lin's, Pipitone and Johnson)

26. By failing to report shortages/loss of controlled substances within one (1) business day of loss discovery to the DEA as alleged herein, Respondents Lin's, Pipitone, and Johnson violated 21 USC § 842(a)(5) and 21 CFR § 1301.76(b), and are subject to discipline pursuant to NRS 639.210(11) and/or (15) and NRS 639.255.

THIRD CAUSE OF ACTION
Failure to Keep Complete and Accurate Records
(Respondents Lin's, Pipitone and Johnson)

27. By failing to keep complete and accurate records of all inventories of controlled substances maintained and dispensed, and failing to account for missing controlled substances as alleged herein, Respondents Lin's, Pipitone and Johnson violated NRS 453.246, NRS 453.326(1), NRS 453.568, NAC 453.475, NAC 453.480, NAC 453.485, NAC 639.482, NAC 639.485, NAC 639.510, NAC 639.745, 21 USC § 842(a)(5), 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210 (11), (12) and/or (15) and NRS 639.255.

FOURTH CAUSE OF ACTION
Failure to Fill Prescription as Prescribed
(Respondent Johnson)

28. Respondent Johnson violated NRS 453.381(8), NAC 453.450, NAC 639.252 and 21 CFR § 1306.04 and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when he failed to correctly verify the dispensing of the Hydrocodone-APAP 10/325 mg #112 for a 28 day supply prescription to the correct patient, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), and/or (12), and NRS 639.255.

FIFTH CAUSE OF ACTION
Failure to Fill Prescription as Prescribed
(Respondent Pipitone)

29. Respondent Pipitone violated NRS 453.381(8), NAC 453.440(7), and 21 CFR § 1306.04 and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when

she failed to fill the prescription of patient L.B. as specified and without consulting with the prescribing practitioner as alleged herein, and is subject to discipline pursuant to NRS 639.210(4), (11) and/or (12) and NRS 639.255.

SIXTH CAUSE OF ACTION
Managing Pharmacist Responsibilities
(Respondent Pipitone)

30. As the managing pharmacist of Lin's at the time of the violations alleged herein, Pipitone is responsible for those violations, including those of the pharmacy's employees, pursuant to NRS 639.210(15), NRS 639.220(3)(c) and NAC 639.702, has engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(m), and is subject to discipline pursuant to NRS 639.210(4), (12), (15) and (17) and NRS 639.255.

SEVENTH CAUSE OF ACTION
Pharmacy/Owner Responsibilities
(Respondent Lin's)

31. Lin's is responsible for the violations as alleged herein, including those of its employees, pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210 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 13th day of September 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 to answer the Second Amended Notice of Intended Action and Second Amended 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 Amended 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 Second Amended Notice of Intended Action and Second Amended Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Amended Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. LIN'S SUPERMARKET, INC., Pharmacy License No. PH01395, Respondents.	CASE NOS. 18-028-PH-S 20-063-PH-S 21-107-PH-S STATEMENT 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 Second Amended Notice of Intended Action and Amended 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 Second Amended Notice of Intended Action and Amended 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 Second Amended Notice of Intended Action and Amended 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 Second Amended Notice of Intended Action and Amended Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 13th day of September, 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 13th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Lins Supermarket, Inc., #5
350 S. Moapa Valley Blvd.
Overton, NV 89040

Timothy Johnson, R.Ph.
[redacted] Nez Perce Avenue, #1702
Logandale, NV 89021

Katila Pipitone, R.Ph.
[redacted] River Heights Lane
Logandale, NV 89021

William J. Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, UT 84101

SHIRLEY HUNTING

FILED
SEP 27 2021
NEVADA STATE BOARD OF PHARMACY

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-980-1888
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlaw.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LIN'S SUPERMARKETS, INC.** **Pharmacy License No. PH01395,** **KATILA PIPITONE, RPH,** **Certificate of Registration No. 18500** **TIMOTHY JOHNSON, RPH,** **Certificate of Registration No. 19232,** **Respondents.**	**CASE NOS. 18-028-PH-S** **18-028-PH-A-S** **18-028-PH-B-S** **20-063-PH-S** **20-063-RPH-S** **21-107-PH-S** **21-107-RPH-S** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE TO SECOND AMENDED NOTICE OF INTENDED ACTION AND AMENDED ACCUSATION**

Respondents Lin's Supermarkets ("Lin's"), Inc., Katila Pipitone, R.Ph., and Timothy Johnson, R.Ph. by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Second Amended Notice of Intended Action and Accusation ("Amended Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice of Intended Action and Accusation.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice of Intended Action and Accusation, Respondents admit, deny, and allege as follows:

JURISDICTION

1. Respondents admit the allegations in paragraph 1.

FACTUAL ALLEGATIONS

2. Respondents admit the allegations in paragraph 2.

3. Respondents admit the allegations in paragraph 3.

4. Respondents admit the allegations in paragraph 4.

5. Respondents admit that Mr. Johnson found a discrepancy in Lin's inventory on or about December 21, 2017 of 70 oxycodone-acetaminophen 10-325 tablets and that Lin's pharmacy filed a DEA Form 106 on April 11, 2018. Respondents lack sufficient knowledge to admit or deny the remaining allegations in paragraph 5 and therefore deny them.

6. Respondents admit that on or about April 2, 2018, Mr. Johnson discovered a discrepancy of 400 oxycodone hydrochloride 15 mg tablets in Lin's inventory. The missing tablets were reported to the DEA by submission of DEA Form 106 on April 9, 2018. Respondents lack sufficient knowledge to admit or deny the remaining allegations in paragraph 6 and therefore deny them.

7. Respondents admit the allegations in paragraph 7.

8. Respondents admit that on April 2, 2020, Ms. Pipitone did what she could to provide L.B. with the correct dosage of oxycodone 10 mg at a time when there were no oxycodone 10 mg tablets in stock. Ms. Pipitone knew L.B. had been receiving oxycodone for a chronic pain condition and attempted to solve a clinical problem after attempting to contact the prescriber. Ms.

Pipitone informed L.B. she could not fill the oxycodone 10 mg because Lin's did not have any of that strength in stock. Ms. Pipitone knew L.B. needed this medication and provided L.B. with several options that included filling the prescription at a different pharmacy or dispensing 20 mg tablets and cutting them in half. She also explained that if she supplied 7 days of oxycodone 20 mg with instructions to cut the tablets in half: (i) L.B. would have to obtain a new prescription to fill the remainder of the thirty-day supply the prescriber ordered; (ii) insurance might not pay for the remaining tablets; and (iii) patients often do not like cutting tablets because the tablets sometimes shatter. L.B. agreed to receive a seven-day supply and to cut the tablets in half. Ms. Pipitone dispensed the correct dosage for L.B. (1/2 20 mg tablet) as was prescribed (10 mg). Respondents deny all other allegations in paragraph 8.

9. Respondents admit that Ms. Pipitone called the prescriber's office on April 2, 2020, was transferred to voice mail, and left a message. Respondents admit that in response to Ms. Pipitone's phone call, L.B.'s prescriber called the pharmacy on April 6 to cancel the remaining 23-day supply so L.B. could fill the remaining tablets at a pharmacy that had 10 mg oxycodone in stock to dispense. Respondents deny all other allegations in paragraph 9.

10. Respondents admit the allegations in paragraph 10.

11. Respondents admit the allegations in paragraph 11 except as to the following. Patient L.B. was supposed to received six prescriptions, but one of the prescriptions was a bulk prescription. She received six prescriptions, but mistakenly received a prescription for her former spouse J.B. who has the same last name. The bulk prescription was not included in the six prescriptions L.B.

12. Respondents admit the allegations in paragraph 12.

APPLICABLE LAW

13–24. Paragraphs 13 through 24 are statements of Nevada law and are not subject to admission or denial. To the extent anything in paragraphs 13 through 24 implies that Respondents engaged in unprofessional or unlawful conduct, Respondents deny the allegations in those paragraphs.

FIRST CAUSE OF ACTION
Violation of State Loss Reporting Requirement against Respondent (Lin's, Pipitone, and Johnson)

25. Respondents deny the allegations in paragraph 25.

SECOND CAUSE OF ACTION
Violation of Federal Loss Reporting Requirement against (Respondents Lin's, Pipitone and Johnson)

26. Respondents deny the allegations in paragraph 26.

THIRD CAUSE OF ACTION
Failure to Keep Complete and Accurate Records against Respondents Lin's, (Pipitone and Johnson)

27. Respondents deny the allegations in paragraph 27.

FOURTH CAUSE OF ACTION
Failure to Fill Prescription as Prescribed (Respondent Johnson)

28. Respondents deny the allegations in paragraph 28.

FIFTH CAUSE OF ACTION
Failure to Fill Prescription as Prescribed (Respondent Pipitone)

29. Respondents deny the allegations in paragraph 29.

SIXTH CAUSE OF ACTION
Managing Pharmacist Responsibilities (Respondent Pipitone)

30. Respondents deny the allegations in paragraph 30.

SEVENTH CAUSE OF ACTION
Pharmacy/Owner Responsibilities
Respondent Lin's

31. Respondents deny the allegations in paragraph 30.

OTHER DEFENSES

32. Each cause of action fails to state a claim upon which relief can be granted.

33. DEA theft and loss reporting regulations do not require reporting if a prescription for controlled substances is overfilled.

34. Determination of whether an entity violated federal laws and regulations cited in the Notice is a matter for federal courts and agencies, not a state entity such as the Nevada Board of Pharmacy.

MITIGATION AND PRACTICE CHANGES

35. For some two decades, Lin's in Overton has had fastidious compliance for controlled substances record keeping. No controlled substance losses have occurred prior to the alleged incidents at the pharmacy. The allegations in the Notice are the first time any claims of controlled substances record-keeping problems have arisen.

36. Most of the allegations in the Notice occurred several years ago (in 2017 and 2018) and the other more than a year ago. There have been no reports of issues with controlled substances record keeping or dispensing since then.

37. Lin's immediately filed a DEA 106 Form after the April 2018 discovery of what appeared to be an overfilled prescription. Even if it had not done so, DEA does not consider accidently overfilled prescription to be an incident for which a DEA-106 needs to be submitted. Likewise, the discrepancy that occurred in December 2017 appears to have been from an overfill. Nonetheless, Lin's submitted a DEA-106 form.

38. The two inspection reports subsequent to the date of the allegations did not document any controlled substance loss or other concerns.

39. When Ms. Pipitone dispensed 20 mg oxycodone with instructions for the patient to cut the tablets in half, she did so to help the patient receive the same dose of oxycodone as had been prescribed so the patient could receive the therapeutic benefit of the prescription and avoid pain associated from a chronic condition for which L.B. had been receiving the oxycodone. Ms. Pipitone knew L.B. had been receiving oxycodone for a chronic pain condition and attempted to solve a clinical problem when she could not get hold of the prescriber.

40. Lin's personnel cooperated fully with the inspectors and provided information requested pertaining to employee drug testing.

41. Lin's voluntarily implemented recommendations made by the NV Inspector(s). These include the following.

42. Lin's now utilizes a biometric fingerprint reader for accessing the pharmacy information system instead of the systems standard Random Daily Access Code (RDAC), which the teams used to scan when accessing the pharmacy information system.

43. Lin's proactively drug tested all employees when it learned of the discrepancies.

44. Lin's pharmacists double counted, back counted, and recorded on the dispensed label and perpetual logbook. Now, pharmacy personnel document those each time in the pharmacy prescription note for CIIs indicating the double count and back count amounts. These changes are additional safeguards against internal diversion. There has never been any allegation of, or evidence for, such diversion.

45. Lin's is the only pharmacy in Overton, NV. Even though Lin's has had a pristine record of compliance and has implanted additional processes to ensure no further discrepancies will

occur, pharmaceutical suppliers or payors are likely to take actions that will impair Lin's ability to serve Overton patients. If this occurs, patients in the community will have more difficulty accessing pharmacy services and obtaining necessary medications.

46. Lin's is the only provider in the area providing COVID vaccinations. Disciplinary action that results in disruption to pharmacy operations could impact patient access to vaccinations and other Covid-19 related services.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

2. To the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

PRAYER FOR RELIEF

1. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

2. That the Board dismiss all Causes of Acton in in the Notice.

3. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 27th day of September 2021.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Lin's Supermarkets, Inc.
Katila Pipitone, R.Ph.
Timothy Johnson, R.Ph.

CERTIFICATE OF SERVICE

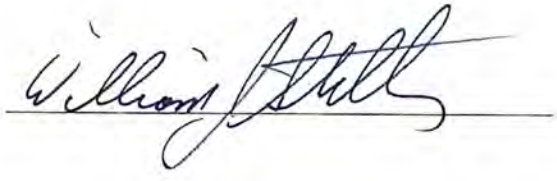
I hereby certify that on September 27, 2021, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Courtney Lee
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road E217
Las Vegas, NV 89119
c.lee@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LIN'S SUPERMARKET, INC.,** **Pharmacy License No. PH01395,** **KATILA PIPITONE, RPH,** **Certificate of Registration No. 18500,** **TIMOTHY JOHNSON, RPH,** **Certification of Registration No. 19232,** **Respondents.**	**Case Nos. 18-028-PH-S** **18-028-RPH-A-S** **18-028-RPH-B-S** **20-063-PH-S** **20-063-RPH-S** **21-107-PH-S** **21-107-RPH-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Lin's Supermarket ("Lin's"), Pharmacy License No. PH01395, Respondent Katila Pipitone, RPh ("Pipitone"), Certificate of Registration No. 18500, Respondent Timothy Johnson, RPh ("Johnson"), Certificate of Registration No. 19232, by and through counsel**,** William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about March 10, 2021, Board Staff served Respondents Lin's, Pipitone, and Johnson with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. On or about May 4, 2021, Respondents Lin's, Pipitone, and Johnson filed their joint Answer and Notice of Defense through commonly retained counsel, William Stilling, Esq.

4. On or about July 23, 2021, Board Staff served Respondents Lin's, Pipitone, and Johnson with the First Amended Notice of Intended Action and Accusation ("1st Amended Accusation").

5. On or about September 13, 2021, Board Staff served Respondents Lin's, Pipitone, and Johnson with the Second Amended Notice of Intended Action and Accusation ("2nd Amended Accusation").

6. On or about September 27, 2021, Respondents Lin's, Pipitone, and Johnson filed their joint Amended Answer and Notice of Defense through commonly retained counsel, William Stilling, Esq.

7. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

8. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded 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.

9. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

10. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Second Amended Accusation, that:

A. In case number 18-028, Respondents Pipitone and Johnson failed to report the shortages/loss of controlled substances within ten (10) days of loss discovery to the Board, in violation of NRS 453.568.

B. In case number 18-028, Respondents Lin's, Pipitone and Johnson failed to keep complete and accurate records of all inventories of controlled substances maintained and dispensed, in violation of NRS 453.246, NRS 453.568, NAC 453.485, NAC 639.482, NAC 639.485, NAC 639.510, NAC 639.745.

C. In case number 20-063, Respondent Pipitone failed to fill the controlled substance prescription of patient L.B. as specified and without receiving confirmation after attempting to consult with the prescribing practitioner in violation of NRS 453.381(8), NRS 639.100(1), NAC 453.440(7), and NAC 639.252(2).

D. In case number 21-107, Respondent Johnson mistakenly dispensed a hydrocodone prescription to patient L.B. with the same last name, instead of correct patient J.B. Patient L.B. had six (6) prescriptions for herself and one (1) for her current husband. The hydrocodone prescription was mistakenly dispensed to patient L.B.

E. In case number 18-028, Respondent Pipitone is responsible as the managing pharmacist for the violations pursuant to NRS 639.210(15), NRS 639.220(3)(c) and NAC 639.702.

F. In case numbers 18-028, 20-063, and 21-107, Respondent Lin's is responsible for the violations as the pharmacy at which the violation of law alleged herein occurred pursuant to NRS 639.230(5), NAC 630.702, and NAC 639.945(2).

11. Those violations are plead with particularity in the 2nd Amended Accusation, and are grounds for action pursuant to NRS 639.210 and/or NRS 639.255.

12. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Pipitone stipulate to the following. The registration of Katila Pipitone, RPh, Certificate of Registration No. 18500, is subject to the following penalties and conditions:

A. In case number 18-028, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

B. In case number 20-063, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

C. In case number 18-028, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. In case number 20-063, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

E. In case number 20-063, Respondent is placed on probation for a period of one (1) year, and shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

Upon successful completion of probation, Respondent Pipitone's Certificate of Registration No. 18500 will be fully restored.

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Johnson stipulate to the following. The registration of Respondent Timothy Johnson, RPh, Certificate of Registration No. 19232, is subject to the following penalties and conditions:

A. In case number 18-028, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

B. In case number 21-107, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

C. In case number 18-028, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. In case number 21-107, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

E. In case number 21-107, Respondent is placed on probation for a period of one (1) year and 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.

Upon successful completion of probation, Respondent Johnson's Certificate of Registration No. 19232 will be fully restored.

14. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Lin's stipulate to the following. The license of Respondent Lin's Supermarket, Pharmacy License No. PH01395, is subject to the following penalties and conditions:

A. In case number 18-028, Respondent Lin's shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

B. In case number 20-063, Respondent Lin's shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

C. In case number 21-107, Respondent Lin's shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

D. In case number 18-028, Respondent Lin's shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

E. In case number 20-063, Respondent Lin's shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

F. In case number 21-107, Respondent Lin's shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

G. Respondent Lin's shall successfully pass quarterly inspections to be completed by Board's staff at Lin's expense;

H. In case numbers 18-028, and 21-107, Respondent Lin's has provided policies that existed at the times of the acts alleged in the Notice and Accusation that effectuate and require timely reporting of controlled substance losses in compliance with federal and state law. Further, Respondent Lin's shall produce policies and procedures that require checking each bulk prescription against prescriptions listed on the computer screen as referenced in paragraph 12 of the Notice and Accusation to Board's staff for approval within thirty (30) days of entry of this Order;

I. In case number 21-107, Respondent Lin's is placed on probation for a period of one (1) year.

Upon successful completion of probation, Respondent Lin's Pharmacy License No. PH01395, will be fully restored.

15. Any failure by any 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 the non-compliant Respondent(s) 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 any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

16. 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 October 13, 2021. Respondents will appear telephonically or *via* Zoom 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 Respondents or counsel are not present at the meeting.

17. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

18. 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 on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein 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 entry of this Order.

20. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein 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 entry of this Order.

21. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another 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.

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 29th day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this ___ day of September, 2021

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this ___ day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this ___ day of September, 2021

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this ___ day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this 29th day of September, 2021

Timothy Johnson

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this ___ day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this ___ day of September, 2021

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this 29th day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Lin's Supermarket, Inc., Pharmacy License No. PH01395, Respondent Katila Pipitone, RPH, Certificate of Registration No. 18500, and Respondent Timothy Johnson, RPH, Certificate of Registration No. 19232, in Case Nos. 18-028, 20-063, and 21-107 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October, 2021.

_____
Helen Park, President
Nevada State Board of Pharmacy

5FF

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. TIMOTHY JOHNSON, RPH, Certification of Registration No. 19232, Respondents.	CASE NO. 18-028-RPH-B-S 21-107-PH-S STATEMENT 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 Second Amended Notice of Intended Action and Amended 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 Second Amended Notice of Intended Action and Amended 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 Second Amended Notice of Intended Action and Amended 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 Second Amended Notice of Intended Action and Amended Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
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 13th day of September, 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 13th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Lins Supermarket, Inc., #5
350 S. Moapa Valley Blvd.
Overton, NV 89040

Timothy Johnson, R.Ph.
[redacted] Nez Perce Avenue, #1702
Logandale, NV 89021

Katila Pipitone, R.Ph.
[redacted] River Heights Lane
Logandale, NV 89021

William J. Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, UT 84101

SHIRLEY HUNTING

2021
FILED
SEP 27 2021
NEVADA STATE BOARD OF PHARMACY

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-980-1888
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlaw.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LIN'S SUPERMARKETS, INC.** **Pharmacy License No. PH01395,** **KATILA PIPITONE, RPH,** **Certificate of Registration No. 18500** **TIMOTHY JOHNSON, RPH,** **Certificate of Registration No. 19232,** **Respondents.**	**CASE NOS. 18-028-PH-S** **18-028-PH-A-S** **18-028-PH-B-S** **20-063-PH-S** **20-063-RPH-S** **21-107-PH-S** **21-107-RPH-S** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE TO SECOND AMENDED NOTICE OF INTENDED ACTION AND AMENDED ACCUSATION**

Respondents Lin's Supermarkets ("Lin's"), Inc., Katila Pipitone, R.Ph., and Timothy Johnson, R.Ph. by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Second Amended Notice of Intended Action and Accusation ("Amended Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice of Intended Action and Accusation.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice of Intended Action and Accusation, Respondents admit, deny, and allege as follows:

JURISDICTION

1. Respondents admit the allegations in paragraph 1.

FACTUAL ALLEGATIONS

2. Respondents admit the allegations in paragraph 2.

3. Respondents admit the allegations in paragraph 3.

4. Respondents admit the allegations in paragraph 4.

5. Respondents admit that Mr. Johnson found a discrepancy in Lin's inventory on or about December 21, 2017 of 70 oxycodone-acetaminophen 10-325 tablets and that Lin's pharmacy filed a DEA Form 106 on April 11, 2018. Respondents lack sufficient knowledge to admit or deny the remaining allegations in paragraph 5 and therefore deny them.

6. Respondents admit that on or about April 2, 2018, Mr. Johnson discovered a discrepancy of 400 oxycodone hydrochloride 15 mg tablets in Lin's inventory. The missing tablets were reported to the DEA by submission of DEA Form 106 on April 9, 2018. Respondents lack sufficient knowledge to admit or deny the remaining allegations in paragraph 6 and therefore deny them.

7. Respondents admit the allegations in paragraph 7.

8. Respondents admit that on April 2, 2020, Ms. Pipitone did what she could to provide L.B. with the correct dosage of oxycodone 10 mg at a time when there were no oxycodone 10 mg tablets in stock. Ms. Pipitone knew L.B. had been receiving oxycodone for a chronic pain condition and attempted to solve a clinical problem after attempting to contact the prescriber. Ms.

Pipitone informed L.B. she could not fill the oxycodone 10 mg because Lin's did not have any of that strength in stock. Ms. Pipitone knew L.B. needed this medication and provided L.B. with several options that included filling the prescription at a different pharmacy or dispensing 20 mg tablets and cutting them in half. She also explained that if she supplied 7 days of oxycodone 20 mg with instructions to cut the tablets in half: (i) L.B. would have to obtain a new prescription to fill the remainder of the thirty-day supply the prescriber ordered; (ii) insurance might not pay for the remaining tablets; and (iii) patients often do not like cutting tablets because the tablets sometimes shatter. L.B. agreed to receive a seven-day supply and to cut the tablets in half. Ms. Pipitone dispensed the correct dosage for L.B. (1/2 20 mg tablet) as was prescribed (10 mg). Respondents deny all other allegations in paragraph 8.

9. Respondents admit that Ms. Pipitone called the prescriber's office on April 2, 2020, was transferred to voice mail, and left a message. Respondents admit that in response to Ms. Pipitone's phone call, L.B.'s prescriber called the pharmacy on April 6 to cancel the remaining 23-day supply so L.B. could fill the remaining tablets at a pharmacy that had 10 mg oxycodone in stock to dispense. Respondents deny all other allegations in paragraph 9.

10. Respondents admit the allegations in paragraph 10.

11. Respondents admit the allegations in paragraph 11 except as to the following. Patient L.B. was supposed to received six prescriptions, but one of the prescriptions was a bulk prescription. She received six prescriptions, but mistakenly received a prescription for her former spouse J.B. who has the same last name. The bulk prescription was not included in the six prescriptions L.B.

12. Respondents admit the allegations in paragraph 12.

APPLICABLE LAW

13–24. Paragraphs 13 through 24 are statements of Nevada law and are not subject to admission or denial. To the extent anything in paragraphs 13 through 24 implies that Respondents engaged in unprofessional or unlawful conduct, Respondents deny the allegations in those paragraphs.

FIRST CAUSE OF ACTION
Violation of State Loss Reporting Requirement against Respondent (Lin's, Pipitone, and Johnson)

25. Respondents deny the allegations in paragraph 25.

SECOND CAUSE OF ACTION
Violation of Federal Loss Reporting Requirement against (Respondents Lin's, Pipitone and Johnson)

26. Respondents deny the allegations in paragraph 26.

THIRD CAUSE OF ACTION
Failure to Keep Complete and Accurate Records against Respondents Lin's, (Pipitone and Johnson)

27. Respondents deny the allegations in paragraph 27.

FOURTH CAUSE OF ACTION
Failure to Fill Prescription as Prescribed (Respondent Johnson)

28. Respondents deny the allegations in paragraph 28.

FIFTH CAUSE OF ACTION
Failure to Fill Prescription as Prescribed (Respondent Pipitone)

29. Respondents deny the allegations in paragraph 29.

SIXTH CAUSE OF ACTION
Managing Pharmacist Responsibilities (Respondent Pipitone)

30. Respondents deny the allegations in paragraph 30.

SEVENTH CAUSE OF ACTION
Pharmacy/Owner Responsibilities
Respondent Lin's

31. Respondents deny the allegations in paragraph 30.

OTHER DEFENSES

32. Each cause of action fails to state a claim upon which relief can be granted.

33. DEA theft and loss reporting regulations do not require reporting if a prescription for controlled substances is overfilled.

34. Determination of whether an entity violated federal laws and regulations cited in the Notice is a matter for federal courts and agencies, not a state entity such as the Nevada Board of Pharmacy.

MITIGATION AND PRACTICE CHANGES

35. For some two decades, Lin's in Overton has had fastidious compliance for controlled substances record keeping. No controlled substance losses have occurred prior to the alleged incidents at the pharmacy. The allegations in the Notice are the first time any claims of controlled substances record-keeping problems have arisen.

36. Most of the allegations in the Notice occurred several years ago (in 2017 and 2018) and the other more than a year ago. There have been no reports of issues with controlled substances record keeping or dispensing since then.

37. Lin's immediately filed a DEA 106 Form after the April 2018 discovery of what appeared to be an overfilled prescription. Even if it had not done so, DEA does not consider accidently overfilled prescription to be an incident for which a DEA-106 needs to be submitted. Likewise, the discrepancy that occurred in December 2017 appears to have been from an overfill. Nonetheless, Lin's submitted a DEA-106 form.

38. The two inspection reports subsequent to the date of the allegations did not document any controlled substance loss or other concerns.

39. When Ms. Pipitone dispensed 20 mg oxycodone with instructions for the patient to cut the tablets in half, she did so to help the patient receive the same dose of oxycodone as had been prescribed so the patient could receive the therapeutic benefit of the prescription and avoid pain associated from a chronic condition for which L.B. had been receiving the oxycodone. Ms. Pipitone knew L.B. had been receiving oxycodone for a chronic pain condition and attempted to solve a clinical problem when she could not get hold of the prescriber.

40. Lin's personnel cooperated fully with the inspectors and provided information requested pertaining to employee drug testing.

41. Lin's voluntarily implemented recommendations made by the NV Inspector(s). These include the following.

42. Lin's now utilizes a biometric fingerprint reader for accessing the pharmacy information system instead of the systems standard Random Daily Access Code (RDAC), which the teams used to scan when accessing the pharmacy information system.

43. Lin's proactively drug tested all employees when it learned of the discrepancies.

44. Lin's pharmacists double counted, back counted, and recorded on the dispensed label and perpetual logbook. Now, pharmacy personnel document those each time in the pharmacy prescription note for CIIs indicating the double count and back count amounts. These changes are additional safeguards against internal diversion. There has never been any allegation of, or evidence for, such diversion.

45. Lin's is the only pharmacy in Overton, NV. Even though Lin's has had a pristine record of compliance and has implanted additional processes to ensure no further discrepancies will

occur, pharmaceutical suppliers or payors are likely to take actions that will impair Lin's ability to serve Overton patients. If this occurs, patients in the community will have more difficulty accessing pharmacy services and obtaining necessary medications.

46. Lin's is the only provider in the area providing COVID vaccinations. Disciplinary action that results in disruption to pharmacy operations could impact patient access to vaccinations and other Covid-19 related services.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

2. To the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

PRAYER FOR RELIEF

1. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

2. That the Board dismiss all Causes of Acton in in the Notice.

3. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 27th day of September 2021.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Lin's Supermarkets, Inc.
Katila Pipitone, R.Ph.
Timothy Johnson, R.Ph.

CERTIFICATE OF SERVICE

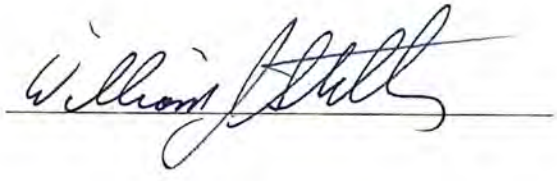
I hereby certify that on September 27, 2021, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Courtney Lee
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road E217
Las Vegas, NV 89119
c.lee@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LIN'S SUPERMARKET, INC.,** **Pharmacy License No. PH01395,** **KATILA PIPITONE, RPH,** **Certificate of Registration No. 18500,** **TIMOTHY JOHNSON, RPH,** **Certification of Registration No. 19232,** **Respondents.**	**Case Nos. 18-028-PH-S** **18-028-RPH-A-S** **18-028-RPH-B-S** **20-063-PH-S** **20-063-RPH-S** **21-107-PH-S** **21-107-RPH-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Lin's Supermarket ("Lin's"), Pharmacy License No. PH01395, Respondent Katila Pipitone, RPh ("Pipitone"), Certificate of Registration No. 18500, Respondent Timothy Johnson, RPh ("Johnson"), Certificate of Registration No. 19232, by and through counsel**,** William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about March 10, 2021, Board Staff served Respondents Lin's, Pipitone, and Johnson with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. On or about May 4, 2021, Respondents Lin's, Pipitone, and Johnson filed their joint Answer and Notice of Defense through commonly retained counsel, William Stilling, Esq.

4. On or about July 23, 2021, Board Staff served Respondents Lin's, Pipitone, and Johnson with the First Amended Notice of Intended Action and Accusation ("1st Amended Accusation").

5. On or about September 13, 2021, Board Staff served Respondents Lin's, Pipitone, and Johnson with the Second Amended Notice of Intended Action and Accusation ("2nd Amended Accusation").

6. On or about September 27, 2021, Respondents Lin's, Pipitone, and Johnson filed their joint Amended Answer and Notice of Defense through commonly retained counsel, William Stilling, Esq.

7. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

8. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded 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.

9. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

10. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Second Amended Accusation, that:

A. In case number 18-028, Respondents Pipitone and Johnson failed to report the shortages/loss of controlled substances within ten (10) days of loss discovery to the Board, in violation of NRS 453.568.

B. In case number 18-028, Respondents Lin's, Pipitone and Johnson failed to keep complete and accurate records of all inventories of controlled substances maintained and dispensed, in violation of NRS 453.246, NRS 453.568, NAC 453.485, NAC 639.482, NAC 639.485, NAC 639.510, NAC 639.745.

C. In case number 20-063, Respondent Pipitone failed to fill the controlled substance prescription of patient L.B. as specified and without receiving confirmation after attempting to consult with the prescribing practitioner in violation of NRS 453.381(8), NRS 639.100(1), NAC 453.440(7), and NAC 639.252(2).

D. In case number 21-107, Respondent Johnson mistakenly dispensed a hydrocodone prescription to patient L.B. with the same last name, instead of correct patient J.B. Patient L.B. had six (6) prescriptions for herself and one (1) for her current husband. The hydrocodone prescription was mistakenly dispensed to patient L.B.

E. In case number 18-028, Respondent Pipitone is responsible as the managing pharmacist for the violations pursuant to NRS 639.210(15), NRS 639.220(3)(c) and NAC 639.702.

F. In case numbers 18-028, 20-063, and 21-107, Respondent Lin's is responsible for the violations as the pharmacy at which the violation of law alleged herein occurred pursuant to NRS 639.230(5), NAC 630.702, and NAC 639.945(2).

11. Those violations are plead with particularity in the 2nd Amended Accusation, and are grounds for action pursuant to NRS 639.210 and/or NRS 639.255.

12. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Pipitone stipulate to the following. The registration of Katila Pipitone, RPh, Certificate of Registration No. 18500, is subject to the following penalties and conditions:

A. In case number 18-028, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

B. In case number 20-063, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

C. In case number 18-028, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. In case number 20-063, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

E. In case number 20-063, Respondent is placed on probation for a period of one (1) year, and shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

Upon successful completion of probation, Respondent Pipitone's Certificate of Registration No. 18500 will be fully restored.

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Johnson stipulate to the following. The registration of Respondent Timothy Johnson, RPh, Certificate of Registration No. 19232, is subject to the following penalties and conditions:

A. In case number 18-028, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

B. In case number 21-107, Respondent shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations;

C. In case number 18-028, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. In case number 21-107, Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

E. In case number 21-107, Respondent is placed on probation for a period of one (1) year and 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.

Upon successful completion of probation, Respondent Johnson's Certificate of Registration No. 19232 will be fully restored.

14. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Lin's stipulate to the following. The license of Respondent Lin's Supermarket, Pharmacy License No. PH01395, is subject to the following penalties and conditions:

A. In case number 18-028, Respondent Lin's shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

B. In case number 20-063, Respondent Lin's shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

C. In case number 21-107, Respondent Lin's shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

D. In case number 18-028, Respondent Lin's shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

E. In case number 20-063, Respondent Lin's shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

F. In case number 21-107, Respondent Lin's shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

G. Respondent Lin's shall successfully pass quarterly inspections to be completed by Board's staff at Lin's expense;

H. In case numbers 18-028, and 21-107, Respondent Lin's has provided policies that existed at the times of the acts alleged in the Notice and Accusation that effectuate and require timely reporting of controlled substance losses in compliance with federal and state law. Further, Respondent Lin's shall produce policies and procedures that require checking each bulk prescription against prescriptions listed on the computer screen as referenced in paragraph 12 of the Notice and Accusation to Board's staff for approval within thirty (30) days of entry of this Order;

I. In case number 21-107, Respondent Lin's is placed on probation for a period of one (1) year.

Upon successful completion of probation, Respondent Lin's Pharmacy License No. PH01395, will be fully restored.

15. Any failure by any 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 the non-compliant Respondent(s) 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 any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

16. 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 October 13, 2021. Respondents will appear telephonically or *via* Zoom 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 Respondents or counsel are not present at the meeting.

17. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

18. 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 on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein 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 entry of this Order.

20. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein 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 entry of this Order.

21. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another 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.

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 29th day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this ___ day of September, 2021

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this ___ day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this ___ day of September, 2021

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this ___ day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this 29th day of September, 2021

Timothy Johnson

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this ___ day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Second Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

LIN'S SUPERMARKET, INC.,
Pharmacy License No. PH01395

Signed this ___ day of September, 2021

KATILA PIPITONE, RPH,
Certificate of Registration No. 18500

Signed this ___ day of September, 2021

TIMOTHY JOHNSON, RPH
Certificate of Registration No. 19232

APPROVED AS TO FORM AND CONTENT
this 29th day of September, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of September, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Lin's Supermarket, Inc., Pharmacy License No. PH01395, Respondent Katila Pipitone, RPH, Certificate of Registration No. 18500, and Respondent Timothy Johnson, RPH, Certificate of Registration No. 19232, in Case Nos. 18-028, 20-063, and 21-107 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October, 2021.

_____
Helen Park, President
Nevada State Board of Pharmacy

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FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of the Citation Appeal by:	**CASE NO. 20-062-S**
AIRCARE SMRT, LLC	**STATEMENT AND NOTICE OF HEARING**

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 March 10, 2021, a CITATION AND FINE was served upon Aircare SMRT, LLC ("Aircare") alleging violations of Nevada law as more particularly set forth herein. Aircare appealed the CITATION AND FINE.

FACTUAL ALLEGATIONS

2. Aircare is a medical products provider located at 12231 S. Eastern Avenue, Suite 140 who applied for a medical products provider registration on or about July 2020. A temporary registration was issued on August 6, 2020 through February 6, 2021, registration number MP02984.

3. On or about March 3, 2021, at the Board meeting, Aircare, through Neil McKay ("McKay"), disclosed that it had been shipping medical products/devices into Nevada without a registration prior to obtaining a temporary registration. The registration was approved pending a positive inspection.

4. However, Aircare did not complete the opening inspection.

5. On or about March 10, 2021, a CITATION AND FINE was served upon Aircare alleging violations of Nevada law.

6. On or about April 22, 2021, Aircare objected to the CITATION AND FINE. Aircare was given the option to pay the fine or appeal the CITATION AND FINE before the

Board. Aircare subsequently requested an appeal hearing before the Board in September 2021 as Mr. McKay indicated that he will be on vacation and will not return until August 2021.

APPLICABLE LAW

7. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing medical devices 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).

8. It is unlawful to engage in the business of wholesale distribution or furnish drugs or devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person in this state without a license. NRS 639.233; NRS 639.310; NAC 639.6942; NAC 639.6944.

9. It is unlawful for any wholesaler or manufacturer to furnish, sell, offer for sale, or deliver any medical 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 devices. NRS 639.288.

10. 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).

11. It is unlawful to engage in wholesale distribution, sell or dispense any drug as defined in NRS 639.007 unless the regulations are followed by the Board. NRS 639.100.

12. Unlicensed activity is subject to NRS 639.2895.

///

FIRST CAUSE OF ACTION
Violations of State Law

13. By engaging in the business of furnishing medical devices in Nevada from 12231 S. Eastern Avenue, Suite 140 as alleged herein prior to obtaining a medical products provider license/registration, Aircare violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.233(1), NRS 639.288, NAC 639.6942(2) and/or NAC 639.6944(1), and is subject to a CITATION and FINE pursuant to NRS 639.2895.

SECOND CAUSE OF ACTION
Unlicensed Practice

14. By failing to obtain an active medical products registration prior to furnishing, selling or dispensing drugs as defined by NRS 639.007, which include devices, or unlawfully providing on-site medical treatment to patients, Aircare engaged in unlicensed practice by failing to obtain an active medical products registration prior to furnishing medical products/devices to patients in Nevada. Aircare violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.100(1), NRS 639.233, NRS 639.310, NAC 639.6942, NAC 639.6944, and is subject to a CITATION and FINE pursuant to NRS 639.2895.

NOTICE OF HEARING

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, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, 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 23rd day of July, 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 30th day of July, 2021, I personally served a true and correct copy of the foregoing document upon the following:

Neil McKay
Aircare SMRT LLC
12231 S. Eastern Avenue #140
Henderson, NV 89054
Email: neilmckay45@gmail.com

KRISTOPHER MANGOSING

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

March 10, 2021

VIA CERTIFIED MAIL

Neil McKay
Aircare SMRT LLC
12231 S. Eastern Avenue #140
Henderson, NV 89054

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada

Dear Mr. McKay:

The Nevada State Board of Pharmacy ("Board") has determined, based upon your admissions and/or documents submitted at a Board meeting, that Aircare SMRT LLC ("Aircare") has engaged in the business of furnishing medical devices in this State without a license. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233, NRS 639.288, NRS 639.310 and NAC 639.6944.

Aircare 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 unless and until a license is fully approved and issued. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity. The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

Aircare 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.

Aircare has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0252 5975 53

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

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

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

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

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

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

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Aircare Medical Inc. – Henderson, NV

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

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

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

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

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

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously.

Public Comment March 4 2021, 9:00 AM

There was no Public Comment.

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

B. Barber DME Supply Group – Nellis AFB, NV

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

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

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

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

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

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously.

C. Kinex Medical Company – Las Vegas, NV

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7A

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: Christena Middle: Lee Last Fidel

Home Address: [redacted] Steelwood Ln Apt#: [redacted]

City: Reno State: NV Zip Code: 89512

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: San Luis Obispo CA Sex: ☐ M or ☒ F

E-mail Address: [redacted]

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 #: 4789

Address: 3495 S. Virginia

City: Reno State: NV Zip Code: 89502

Signature of Managing Pharmacist: [signature] Lic #: 18605 Date: 6.2.21

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☑ No ☐
2. Are you a high school graduate or the equivalent? Yes ☑ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	CA	5/13/2018	TM18-000238	Nevada	Truckee

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Christena Fidel 6/2/21

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: _____ Amount: $50 (CC)

6/2/2021

TO. Nevada State Board of pharmacy

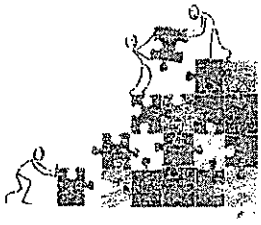
I am applying for pharmaceutical technician trainee. In may of 2018, I was arrested for D.U.I. and released the next day. On 8/7/18 I was convicted of a Misdemeanor D.U.I I received 36 Months summary porbation. I served 45 days in the nevada county jail. I completed alcohol program. Paid restitution to other party involved. AS of June 1st 2021 I still owe 703.50 in fines to the Nevada county Court. Case # TM18-000238. If you need any further information or documentation please call or Email me. Thank you

Christena Fidel

Phone: [redacted]

Email: [redacted]

SOLUTIONS
DUI & COUNSELING
420 S. Rock Blvd
Sparks, NV 89431
Phone: 775-358-1123
Fax: 775-358-9397



COMPLETION VERIFICATION

Date: 9-17-2019

Nv. Co, CA, Superior Court, Truckee, CA.
Fax: 530-582-7875
Case # TM18-238
Re: FIDEL, Christena L.
DOB: [redacted]

Notes:
Requirements: CA, Multiple Offender, 9 month program, 39 weeks. Ms. Fidel has attended 39 classes/individual sessions toward 39 needed.

COUNSELOR COMMENTS

Areas of Observation				
Attitudes	Good	Client is pleasant and respectful when attending.		
Self Growth	Good	Client appears to be more honest and grateful in groups.		
Recovery Effort	Good	Client is attending weekly and happy to have found a new job.		
Relapse Potential		Client reported her drinking got bad and asked for help. She appears back on track.		
Overall Progress	Fair	Client appears to handling sobriety better than she was in the past.		

CUMULATIVE COUNSELING REPORT

Month	Sessions Scheduled	Sessions Attended	Sessions Missed	No Call No Show	Balance Due	Comments
Jan 2019		5				Client attended an individual session this month.
Feb		4				Client is attending weekly and staying sober.
Mar		4				Client is attending weekly.
Apr		6				Client attended an individual session this month.
May		1				Client was in detox and residential treatment.
Jun		5				Client is attending weekly.
Jul		5				Client is attending weekly.
Aug		4				Attending weekly.
Sep		2				COMPLETION.
Oct						
Nov						
Dec 2018		3				Client attending weekly as required.

The information in this transmission may be confidential and/or protected by legal professional privilege, and is intended only for the person or persons to whom it is addressed. If you are not such a person, you are warned that any disclosure, copying or dissemination of the information is unauthorized. If you have received this transmission in error, please immediately contact this office by telephone, fax or email, to inform us of the error and to enable arrangements to be made for the destruction of the transmission, or its return at our cost.

Counselor _____ Date: 9-17-2019 L
Lindsay Holland, LADC
Dennis Black, CADC

WM 5-15-18 7 D2055-18

SUPERIOR COURT OF CALIFORNIA NEVADA COUNTY Phone #[redacted]

#449

☐ Nevada City / ☒ Truckee	**ORDER OF PROBATION** **DUI / 14601.1**	Case No. TM18-238

STATE OF CALIFORNIA
vs. Defendant CHRISTENA FIDEL

Defendant having been convicted of:
23152(B) F☐ M☒
VC 20002(A) F☐ M☒

THE COURT ENTERS THE FOLLOWING ORDERS:

☒ SUSPENDS IMPOSITION of sentence and grants the defendant probation as follows:

☒ Sentences defendant to prison for a term of _____ and SUSPENDS EXECUTION of sentence, granting the defendant probation as follows:

☐ FORMAL ☒ SUMMARY
TERM: 3 YEAR(S) / MONTH(S) from date of this order.

GENERAL TERMS AND CONDITIONS ON BACK OF PAGE 2

JAIL TERMS
☒ Serve 93 days in Nevada County Jail
☒ ____ days credit (1 actual + 2 conduct)
☒ Jail to calculate credits. ☐ **Johnson Waiver**
☒ commencing forthwith
☒ commencing on 8-13-18 at 8:00 a.m. (p.m.)
Should defendant fail to report to jail on date and time set, without good cause, defendant waives all good/work time credits against sentence ordered by the court.
☐ Concurrent ☐ Consecutive to _____
☒ Defendant may NOT apply for Alternative Sentence
☐ Defendant may apply for Alternative Sentence
☐ after first completing _____ days in jail, including
☐ actual credits ☐ conduct credits
☐ _____ days suspended on condition of no VOPS
☒ and completion of inpatient substance abuse treatment program
☒ Upon bed availability, defendant may be released directly to a residential treatment program from custody with balance of sentence suspended. Day for day credit only upon successful completion of program.
☐ _____ to be served on Work Release Program.
☐ Attend Beyond Bars program while in custody.
☐ Contact Probation within 48 hours of release.
☐ Probation to terminate upon completion of jail time
☐ successfully ☐ unsuccessfully
☐ Fine balance converted to jail.

DUI ALTERNATIVE COURT
JAIL TERMS
☒ Serve _____ days in Nevada County Jail as follows:
☒ _____ days forthwith
☒ _____ days suspended on condition of no VOPs
☐ _____ days on electronic monitoring
OTHER
☐ Comply with all orders of DUI Court and Probation

DUI TERMS / LICENSE & VEHICLE TERMS IN NEVADA
Enroll in attend, and complete:
☐ 1st Offender ☒ Multiple Offender ☐ Wet Reckless
☐ 3 Mo ☐ 9 Mo ☒ 18 Mo
☒ Proof of Enrollment Due 12-24-18
☐ Out of State resident – Out of State DUI program approved by court for court purposes only. If returning to California within 3 years, DMV will require a California program prior to issuance of California license. Contact DMV Mandatory Action at (916) 657-6525.
☐ Attend DUI Victim-Impact-Panel-and-provide proof of attendance to Court by _____. Defendant ordered to appear in court at 8:30 a.m. on that date unless proof of attendance in court's file.
☒ Do not knowingly operate a motor vehicle without valid driver's license and insurance
☒ Do not drive with measurable amount of alcohol in your blood. You must cooperate with testing for alcohol any time you have been driving.
☒ Do not knowingly consume or possess alcohol or enter places where alcohol is served or sold as chief item of sale.
☒ Submit to chemical test of blood, breath or urine.
☐ Do not operate any motor vehicle unless equipped with ignition interlock device.
☐ Ignition interlock device ordered for _____ years
☐ Driver's License ordered Suspended / Revoked for _____ months / years. ☐ Per VC § 13202.5.
☐ You are declared a habitual traffic offender for _____ years.

DRUG CONDITIONS
☐ Do not possess or consume illegal / restricted dangerous drugs, controlled substances without a prescription, or drug paraphernalia. Notify court/probation within 72 hours of any controlled substance prescribed to you by a physician. Submit to chemical testing of blood/urine for the detection of drugs at the request of a peace or probation officer. Type of test at officer's discretion.
☒ Do not possess or consume substances labeled "not for human consumption".
☐ Defendant shall register pursuant to H&S 11590

OTHER SPECIAL CONDITIONS
☐ Do not knowingly possess or own any firearms, deadly weapons, ammunition or ballistic armor. PC 29800(a)(1)
☒ Submit to search and seizure of person, residence, business and property any time, day or night, with or without a search warrant and with or without probable cause.
☒ Search and seizure limited to: ☐ Controlled Substances, illegal drugs, or paraphernalia; ☒ Alcohol ☐ Firearm / Dangerous/Deadly Weapons / Ammunition ☐ Stolen Property ☐ Gang Related Material ☐ Other: _____

TM18-000238

Case No. TM18-238

SUBSTANCE ABUSE / COUNSELING / PROGRAMS

Enroll in, attend and complete:

- ☐ Residential treatment program for drugs / alcohol for a period of _____
- ☐ Outpatient treatment program for drugs / alcohol for a period of _____
- ☐ Other: _____
- ☐ **Enroll By:** _____
- ☐ **Complete By:** _____
- ☐ Attend _____ self-help meetings per week and provide proof to the court by _____
- ☐ Complete _____ hours Community Service and provide proof to the court by _____
- ☐ Defendant waives confidentiality to permit Probation to monitor progress in treatment.

It is your responsibility to provide proof of enrollment and completion to the court. Failure to do so may result in a violation of probation.

VICTIM RESTITUTION

- ☐ Court reserves jurisdiction over Victim Restitution
- ☐ Restitution Hearing Set for _____
- ☐ Pay Victim Restitution in the amount of $ 2165.00 plus 10% interest per annum from TO J.C.C.
- ☐ per stipulation ☐ as determined by court after hearing
- ☐ Payable to Nevada County Collections for the benefit of _____
- ☐ payable $ _____ per month beginning _____
- ☐ payable as determined by Collections. Report to collections immediately after court to set up account

If you will still owe victim restitution when your term of probation is ended, you must report to Collections to complete an updated financial declaration 120 days prior to the expiration of your probation.

(PC § 1202.4(f)(11))

OTHER TERMS:

- ☐ If deported, do not reenter United States illegally. Report reentry to probation/court within 48 hours
- ☐ Additional Conditions of Probation Attached
- ☐ MUST PROVIDE PROOF INSURANCE [illegible] VOSTITUTION

FINES / FEES

Court Fines, penalty assessments and State Surcharge	Ct. 1	$ 2004.50
	Ct. 2	$
Court Operations Fee PC§1465.8		$
Conviction Assessment GC§70373		$ 40
Restitution Fine PC§1202.4		$ 30
Prob. Revocation Fine PC§1202.44 (Susp)		($ 40)
OR/Cite Fee GC§29550		$ 40
Criminal Lab Fee HS§11372.5(a)		$ 25
Drug Testing Fee PC§1203.1		$
Drug Program Fee HS§11372.7		$
Blood Draw fee PC§1463.14(b)		$ 50
ER Medical Air Transport GC§76000.10		$ 4
FTA Fee VC§40508.5 / PC§853.7		$
Installment Account Fee		$ 100
		$
		$
		$
		$

TOTAL DUE: $ 2583.50

PAYMENT TERMS (Payable to the Superior Court)

- ☐ Forthwith ☐ In full by _____
- ☒ Payable at $ 60 per month or ____ hours of community service per month, beginning 11-15-18
- ☐ In lieu of Fine serve _____ hours Community Service due by _____. If not completed on time, remains a fine.
- ☐ Fines/Fees stayed until victim restitution paid in full
- ☐ $ _____ suspended on condition no VOPs
- ☐ Court orders all fines/fees stayed upon successful completion of Probation.
- ☐ $ _____ suspended with proof of valid driver's license by _____
- ☐ Other: _____

OTHER COSTS (Payable to Collections)

- ☐ Pay $500/_____ for cost of presentence report.
- ☐ Pay $50/_____ per month probation supervision fees commencing _____

I hereby acknowledge receipt of a copy of the court's Order; I agree to comply with terms and conditions herein. I understand that if I knowingly violate any terms of my probation order, it may cause the court to revoke and terminate probation and impose appropriate sentence. I agree to waive extradition for any probation revocation proceedings which occur in reference to probation granted. I understand that if my payment becomes delinquent my fine balance will be referred to collections and a civil assessment fee will be added. Also DMV may be notified for failure to pay which could result in a driver license suspension OR the Court may issue a warrant for my arrest.

I agree that my signature below authorizes the release of any information regarding counseling and/or programs attended to Court and Probation.

☐ Plea in absentia through attorney of record

Defendant's Signature: [signature]

Mailing Address: [redacted] [redacted] [illegible]

Physical Address (if different) _____

City: [illegible] State: _____

Zip Code: 84612 Date of Birth: [redacted]

Phone Number: (TX) [redacted]

PROOF OF VICTIM RESTITUTION BY INS & POE:

FUTURE HEARING DATE

DATE: 12-24-18 at 8:30 (a.m.) / p.m.

DEPARTMENT: FOR:

- ☐ **Defendant is required to appear.**
- ☒ **Defendant is not required to appear if proof of program enrollment or completion has been received as required.**

Done in open court on 8-7-18

So ordered: [signature] Judge

NEVADA GENERAL INSURANCE COMPANY
PO BOX 777610, HENDERSON, NV 89077-7610

Wells Fargo Bank
Las Vegas, NV

CHECK NUMBER
3025867

11-24
1210

CLAIMS

CHECK DATE	CHECK AMOUNT
8/06/18	$6,000.78

PAY Six Thousand and ********** 78/100 Dlrs **********

TO THE ORDER OF [redacted] LAKE AVENUE
TRUCKEE CA 96161

CHECK COPY
NON-NEGOTIABLE

NEVADA GENERAL INSURANCE COMPANY
PO BOX 777610, HENDERSON, NV 89077-7610

CHECK NUMBER: 3025867
CHECK DATE: 8/06/18
VENDOR NUMBER: CLAIMS

INVOICE NUMBER	DATE	DESCRIPTION	GROSS	DEDUCTIONS	AMOUNT PAID
3025867	080618	02419273 NV041420	6,000.78	.00	6,000.78

DETACH THIS STATEMENT AND RETAIN

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

NEVADA GENERAL INSURANCE COMPANY

NEVADA GENERAL INSURANCE COMPANY
PO BOX 777610, HENDERSON, NV 89077-7610

Wells Fargo Bank
Las Vegas, NV

CHECK NUMBER
3025867

11-24
1210

CLAIMS

CHECK DATE	CHECK AMOUNT
8/06/18	$6,000.78

PAY Six Thousand and ********** 78/100 Dlrs **********

TO THE ORDER OF [redacted] LAKE AVENUE
TRUCKEE CA 96161

Peter W. Lowney
AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

⑈3025867⑈ ⑆121000248⑆ 4159563766⑈

7B

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: Pagan Middle: Leighann Last Silveira

Home Address: [redacted] Brinkley Ave. Apt#: [redacted]

City: Reno State: NV Zip Code: 89509

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: Okinawa, Japan Sex: ☐ M or ☐ F

E-mail Address: [redacted]

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 #: 04739

Address: 3495 S. Virginia

City: Reno State: NV Zip Code: 89502

Signature of Managing Pharmacist: _____ Lic #: 18605 Date: _____

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older?	Yes ☑	No ☐
2. Are you a high school graduate or the equivalent?	Yes ☑	No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☑	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Pagan Silveira — 7/29/21

Original Signature, no copies or stamps accepted — Date

Board Use Only Date Processed: _____ Amount: $50 (GO)

El Paso, Texas
2012- Charge- assault Disposition- it was dropped.
Self Defense Spousal DV

Las Vegas, Nv
2014- Charge- misdemeanor paraphernalia- Disposition- time served
I got pulled over riding my bike on the sidewalk and had a marijuana pipe on me.

Las Vegas, NV
2014- Charge- misdemeanor possession- Disposition- time served with requirement of rehab which was completed at westcare.
I got pulled over walking through a housing area and had marijuana on me.

Reno, Nv
2016- Charge Two gross mis child neglect Conviction- One misdemeanor child neglect
Disposition- time served.
My babysitter abandoned my kids without my knowledge before my return with groceries and milk.

El Paso, Texas; El Paso County

2012-charged- assault- it was dropped because it was self defense and I got a protection order.

Las Vegas, Nv; Clark County

2014- convicted- paraphernalia - time served misdemeanor

2014- convicted- possession - time served went and graduated a rehab program in reno nv misdemeanor

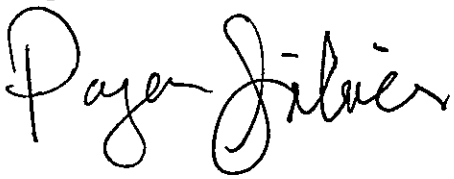
Reno, Nv; Washoe County

2016- convicted child neglect- time served misdemeanor

A summary and explanation for all these past events are as follows.

I got married in 2011 and became an army wife, at that time I became a pharmacy technician, after moving away from my home Alaska to Texas. I was in a very emotionally and physically abusing marriage and I was very young. I left my husband in 2013 and moved to Las Vegas where my father resided. At that time I did not pursue my Continued Education to keep my PTCB valid, and also took the wrong steps trying to cover very immense pain that occurred in the duration of my marriage and the after affects. I ended up getting into trouble and going down the wrong path. I was able to recover myself and learn coping skills during my time in rehab. I moved away with my two kids from vegas to reno. I was a struggling single mom, but trying to make it work. From then on I have been growing, becoming stronger, and wiser. At this point im ready to get my career back.

Pagan Silveira 7/30/2021



Clark County

CR004015-14 CITY OF NORTH LAS VEGAS CITY OF NORTH LAS VEGAS VS. SILVEIRA, PAGAN

- Case Type:
- CRIMINAL NLV
- Case Status:
- CLOSED
- Case Judge:
- HOEFFGEN, SEAN
- Next Event:
-

All Information | Party | Charge | Ticket/Citation # | Event | Docket | Financial | Receipt | Additional Fields

Party Information

SILVEIRA, PAGAN
- DEFENDANT

- DOB
- [redacted]

- Address
- [redacted] HOMETAKE
  LAS VEGAS, NV 89103
- Phone
- [redacted]

Alias

Party Attorney

More Party Information

Party Charge Information

- **SILVEIRA, PAGAN**
- - DEFENDANT

Charge # 1:
T16014M00NL - MISDEMEANOR RIDE BICYCLE ON SIDEWALK WHERE PROHIBITED

- Original Charge
- T16014M00NL RIDE BICYCLE ON SIDEWALK WHERE PROHIBITED (MISDEMEANOR)
- Indicted Charge
-
- Amended Charge
-
- DV Related?
-
- Modifiers
-
- Stage Date
-

- Ticket #
- B00081785
- ATN #
-

Party Charge Disposition
Disposition Date
Disposition
08/13/2014

- Tracking #
- PLED NO CONTEST AT ARRAIGNMENT/SENTENCING
- Place of Offense
- CITY OF NORTH LAS VEGAS
- Offense Location
- Date of Offense
- 06/20/2014
- Complainant

Sentencing Information

- **SILVEIRA, PAGAN**
- - DEFENDANT

Charge # 2:

D04004M00NV - MISDEMEANOR USE/POSS DRUG-PARA

- Original Charge
- D04004M00NV USE/POSS DRUG-PARA (MISDEMEANOR)
- Indicted Charge
- Amended Charge
- DV Related?
- Modifiers
- Stage Date

- Ticket #
- B00081785
- ATN #
- Tracking #
- Place of Offense
- CITY OF NORTH LAS VEGAS
- Offense Location
- Date of Offense
- 06/20/2014
- Complainant

Party Charge Disposition
Disposition Date
Disposition
08/13/2014
PLED NO CONTEST AT ARRAIGNMENT/SENTENCING

Sentencing Information

02/12/2015	REMAND TO JAIL FOR BALANCE DUE	REMAND TO JAIL FOR BALANCE DUE $1310 CTS-$75 SERV-CC
02/12/2015	DEFENDANT STIPULATES TO REVOCATION AND/OR GILBERT HEARING	DEFENDANT STIPULATES TO REVOCATION AND/OR GILBERT HEARING
02/12/2015	EVENT COMPLETED	EVENT COMPLETED The following event: ARRAIGNMENT (IN CUSTODY) scheduled for 02/12/2015 at 10:30 am has been resulted as follows: Result: EVENT COMPLETED Judge: HOEFFGEN, SEAN Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 2
02/12/2015	PRESIDING JUDGE AND STAFF ATTENDING IN-COURT	PRESIDING JUDGE AND STAFF ATTENDING IN-COURT Court Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 2 Check In: Judge: HOEFFGEN, SEAN Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 2 Staff: AUSTAD, MARIA - COURT CLERK 3: Present FRONCZEK, THOMAS - DEPUTY CITY ATTORNEY: Present GARMON, CHERYL - COURT CLERK 3: Present PALOMO, GUILLERMO - INTERPRETER: Present PARK ESQ, LESLIE - ATTORNEY: Present Prosecutors: CITY ATTORNEY: Present Parties: Monies Dismissed: $75
02/24/2015	DEFENDANT RELEASED FROM DETENTION	DEFENDANT RELEASED FROM DETENTION
02/24/2015	CREDIT FOR TIME SERVED IN CUSTODY	CREDIT FOR TIME SERVED IN CUSTODY
02/24/2015	CASE CLOSED	CASE CLOSED

Financial Summary

Cost Type	Amount Owed	Amount Paid	Amount Adjusted	Amount Outstanding
AA FEE	$120.00	$55.00	$65.00	$0.00
COST	$200.00	$0.00	$200.00	$0.00
FEE	$120.00	$0.00	$120.00	$0.00
FINE	$1,000.00	$0.00	$1,000.00	$0.00
Total	Total $1,440.00	Total $55.00	Total $2,770.00	Total $0.00

Clark County

REGISTER OF ACTIONS

CASE NO. 14F17547X

State of Nevada vs. SILVEIRA, PAGAN

Case Type: **Felony**
Date Filed: **11/21/2014**
Location: **JC Department 3**

PARTY INFORMATION

Defendant **SILVEIRA, PAGAN**

Lead Attorneys
Public Defender
Public Defender
702-455-4685(W)

State of Nevada **State of Nevada**

CHARGE INFORMATION

Charges: SILVEIRA, PAGAN	Statute	Level	Date
1. Poss drug not for i-state commerce [51366]	454.351	Misdemeanor	11/06/2014

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

02/10/2015 **Plea** (Judicial Officer: Marshall, Janiece)
1. Poss drug not for i-state commerce [51366]
Nolo Contendere

02/10/2015 **Disposition** (Judicial Officer: Marshall, Janiece)
1. Poss drug not for i-state commerce [51366]
Guilty of Lesser Offense

10/02/2015 **Misdemeanor Sentence** (Judicial Officer: Marshall, Janiece)
1. Poss drug not for i-state commerce [51366]
Condition - Adult:
1. Suspended Jail Sentence, 60 days 02/10/2015 - 05/11/2015, Closed 10/02/2015
2. Community Service, 50 Hours In Lieu of fine 02/10/2015 - 05/11/2015, Closed 10/02/2015
3. Drug Counseling (Short Term), or 30 NA meetings 02/10/2015 - 05/11/2015, Closed 10/02/2015
4. Stay Out of Trouble, 02/10/2015 - 05/11/2015, Closed 10/02/2015
Fee Totals:

AA Fees	$115.00
County Fine-Criminal	$385.00
Fee Totals $	$500.00

10/02/2015 **Amended Misdemeanor Sentence** (Judicial Officer: Marshall, Janiece) Reason: Court Ordered
1. Poss drug not for i-state commerce [51366]
Condition - Adult:
1. Suspended Jail Sentence, 60 days 02/10/2015 - 05/11/2015, Closed 10/02/2015
2. Community Service, 50 Hours In Lieu of fine 02/10/2015 - 05/11/2015, Closed 10/02/2015
3. Drug Counseling (Short Term), or 30 NA meetings 02/10/2015 - 05/11/2015, Closed 10/02/2015
4. Stay Out of Trouble, 02/10/2015 - 05/11/2015, Closed 10/02/2015
Fee Totals:

AA Fees	$115.00
County Fine-Criminal	$385.00
Fee Totals $	$500.00

OTHER EVENTS AND HEARINGS

11/07/2014 **Standard Bail Set**

05/19/2015 **Comment** (Judicial Officer: Marshall, Janiece)
Defendant to go to Westcare every Monday, Wednesday, & Friday, to be admitted.
05/19/2015 **Status Check** (Judicial Officer: Marshall, Janiece)
if Defendant was admitted into Westcare
05/19/2015 **Presence Waived** (Judicial Officer: Marshall, Janiece)
if at Westcare
05/19/2015 **Minute Order - Department 03** (Judicial Officer: Marshall, Janiece)
05/19/2015 **Warrant Recalled**
05/26/2015 **Status Check** (8:30 AM) (Judicial Officer Marshall, Janiece)
No bail posted
Result: Matter Heard
05/26/2015 **Comment** (Judicial Officer: Marshall, Janiece)
Defendant has been admitted into Westcare, and will go through a 90-day rehabilitation program.
05/26/2015 **Status Check on Requirements** (Judicial Officer: Marshall, Janiece)
Defendant to complete Westcare program in lieu of requirements
05/26/2015 **Presence Waived Upon Completion of Requirements** (Judicial Officer: Marshall, Janiece)
in the rehabilitation program
05/26/2015 **Minute Order - Department 03** (Judicial Officer: Marshall, Janiece)
09/04/2015 **Status Check** (8:30 AM) (Judicial Officer Marshall, Janiece)
No Bail Posted
Result: Matter Heard
09/04/2015 **Motion to Continue - Defense** (Judicial Officer: Marshall, Janiece)
Granted
09/04/2015 **Status Check** (Judicial Officer: Marshall, Janiece)
if Defendant completed Westcare treatment
09/04/2015 **Minute Order - Department 03** (Judicial Officer: Marshall, Janiece)
09/18/2015 **Status Check** (8:30 AM) (Judicial Officer Marshall, Janiece)
No bail posted
Result: Matter Heard
09/18/2015 **Minute Order - Department 03** (Judicial Officer: Marshall, Janiece)
09/18/2015 **Comment** (Judicial Officer: Marshall, Janiece)
Defense does not have proof of Westcare treatment
09/18/2015 **Defendant's Presence** (Judicial Officer: Marshall, Janiece)
Public Defendant to contact
09/25/2015 **Status Check** (8:30 AM) (Judicial Officer Marshall, Janiece)
No Bail Posted
Result: Matter Heard
09/25/2015 **Motion to Continue - Defense** (Judicial Officer: Marshall, Janiece)
Granted
09/25/2015 **Requirements Status Note** (Judicial Officer: Marshall, Janiece)
Public Defender states Defendant completed 60 day treatment at Westcare - no proof provided
09/25/2015 **Status Check** (Judicial Officer: Marshall, Janiece)
Proof of completion of Westcare
09/25/2015 **Minute Order - Department 03** (Judicial Officer: Marshall, Janiece)
10/02/2015 **Status Check** (8:30 AM) (Judicial Officer Marshall, Janiece)
No bail posted
Result: Matter Heard
10/02/2015 **Minute Order - Department 03** (Judicial Officer: Marshall, Janiece)
10/02/2015 **Comment** (Judicial Officer: Marshall, Janiece)
Per Defense, defendant completed WestCare Treatment Program Court will accept this in lieu of requirements
10/02/2015 **All Requirements Vacated** (Judicial Officer: Marshall, Janiece)
10/02/2015 **Judgment Entered** (Judicial Officer: Marshall, Janiece)
10/02/2015 **Case Closed - Court Order** (Judicial Officer: Marshall, Janiece)
10/02/2015 **Notice of Disposition and Judgment**

Financial Information

Defendant SILVEIRA, PAGAN

Total Financial Assessment	500.00
Total Payments and Credits	500.00
Balance Due as of 07/29/2021	**0.00**

02/10/2015 Transaction Assessment 500.00

Washoe County

REGISTER OF ACTIONS

CASE NO. RCR2016-087484

The State of Nevada vs. Pagan Leighann Silveira

Case Type:	Gross Misdemeanor
Date Filed:	07/06/2016
Location:	RJC Criminal
Judicial Officer:	Clifton, David
Agency Number:	RP16-012040
District Attorney Number:	16-9839
Probable Cause Number:	RPD0010180C

PARTY INFORMATION

		Attorneys
Defendant	**Silveira, Pagan Leighann**	**Public Defender** *Court Appointed* 775-337-4800(W)
		Justin Champagne *Public Defender* 775-337-4805(W)
Plaintiff	**The State of Nevada**	**Michael R. Bolenbaker** 775-328-3200(W)

CHARGE INFORMATION

Charges: Silveira, Pagan Leighann	Statute	Level	Date
1. Allow child abuse or neglect (endangerment), 1st	NRS 200.508.2b1	Gross Misdemeanor	07/02/2016
2. Allow child abuse or neglect (endangerment), 1st	NRS 200.508.2b1	Gross Misdemeanor	07/02/2016

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

06/19/2017 **Disposition** (Judicial Officer: Clifton, David)
1. Allow child abuse or neglect (endangerment), 1st
Waived
2. Allow child abuse or neglect (endangerment), 1st
Waived

OTHER EVENTS AND HEARINGS

07/02/2016 **Probable Cause Affidavit Reviewed by Judge**
07/02/2016 **Court Found Probable Cause**
07/05/2016 **Probable Cause Findings/Hearings** (12:00 PM) (Judicial Officer Judge, Probable Cause)
Result: Held
07/05/2016 **Public Defender Appointed**
07/06/2016 **Criminal Complaint Filed**
$5,000.00
07/07/2016 **Arraignment** (10:00 AM) (Judicial Officer Lynch, Patricia)
Result: Held
07/07/2016 **Own Recognizance Release**
07/07/2016 **Interim Condition for Silveira, Pagan Leighann**
- Abstain from Drugs and Alcohol
- Daily Testing
- Supervision of Pre-Trial Services
subject to search and seizure
08/23/2016 **General Case Note**
by Judge Patricia A. Lynch; CHANGE OF CONDITIONS-Conditions assigned at the discretion of Pretrial Services to include weekly reporting and random drug testing

11/14/2016	*CANCELED* **Mandatory Status Conference** (1:30 PM) (Judicial Officer Sferrazza, Peter)
	Waived
	07/14/2016 Continued to 08/17/2016 - MSC Reset/Continuance - Silveira, Pagan Leighann; The State of Nevada
	08/17/2016 Continued to 08/22/2016 - MSC Reset/Continuance - Silveira, Pagan Leighann; The State of Nevada
	08/22/2016 Continued to 09/19/2016 - MSC Reset/Continuance - Silveira, Pagan Leighann; The State of Nevada
	09/19/2016 Continued to 10/24/2016 - MSC Reset/Continuance - Silveira, Pagan Leighann; The State of Nevada
	10/24/2016 Continued to 11/14/2016 - MSC Reset/Continuance - Silveira, Pagan Leighann; The State of Nevada
11/14/2016	**Copy of Waiver of Preliminary Examination Received**
11/14/2016	**Notice of Bindover**
	District Court Department: D8 Date: 11/22/2016 Time: 8:30 A.M.
11/18/2016	**Proceedings Certified to the Second Judicial District Court**
12/01/2016	**Remand from Second Judicial District Court Filed**
06/19/2017	*CANCELED* **Mandatory Status Conference** (1:30 PM) (Judicial Officer Clifton, David)
	Waived
	12/12/2016 Continued to 12/19/2016 - MSC Reset/Continuance - Silveira, Pagan Leighann; The State of Nevada
	12/19/2016 Continued to 03/20/2017 - MSC Reset/Continuance - Silveira, Pagan Leighann; The State of Nevada
	03/20/2017 Continued to 06/19/2017 - MSC Reset/Continuance - Silveira, Pagan Leighann; The State of Nevada
06/19/2017	**Copy of Waiver of Preliminary Examination Received**
06/19/2017	**Notice of Bindover**

This dropped down to one ~~felony~~ misdemeanor after jail time served.

Darlene Nases

From: Pagan S <[redacted]>
Sent: Tuesday, August 3, 2021 10:59 PM
To: Darlene Nases

Hey Darlene

I just seen your reply email back to me I had a very busy day today so here is the information you have asked about the first charge. I hope we are able to conclude this process now. Thankyou
Pagan

A better explanation of the first charge, from 2012, was my husband and I got into an argument he got upset and he choked me. I was trying to push him off of me because I couldn't breathe and finally I kicked him off and away from me to call 911. I told the dispatchers exactly what happened that he choked me and I kicked him away in self defense. When the police arrived I was pretty shook up and he lied to them and said he didn't choke me but that I did kick him. Since there was no other witnesses. They arrested me. I bailed out and got a protection order and a lawyer. My husband came forward to my lawyer with the truth. And everything was dismissed against me. Subsequently we divorced.

IN THE 65TH JUDICIAL DISTRICT COURT
EL PASO COUNTY, TEXAS

FILED
NORMA L. FAVELA
DISTRICT CLERK
2012 AUG 29 PM 4 34
EL PASO COUNTY, TEXAS
BY

FOR THE PROTECTION OF:	§	
PAGAN SILVEIRA,	§	
APPLICANT	§	
	§	
v.	§	NO. 2012DCM08127
	§	
ALEXANDER SILVEIRA,	§	
RESPONDENT	§	

TEMPORARY *EX PARTE* PROTECTIVE ORDER
AND SHOW CAUSE ORDER

On this day the Application of Applicant for an *ex parte* Protective Order was presented to the Court pursuant to Title 4, Tex. Fam. Code Ann. (Vernon 1997).

FINDINGS

The Court, having examined the pleadings and supporting affidavit of Applicant, finds that:

1. There is a clear and present danger that acts of Family Violence will be committed by Respondent before a full hearing can be held upon Applicant's request for a Protective Order.

2. Applicant and/or the other members of the family or household who are affected by this suit will suffer immediate and irreparable injury, loss, or damage for which there is no adequate remedy at law unless Respondent is immediately prohibited from the acts set forth below.

TEMPORARY *EX PARTE* ORDERS

Pursuant to Tex. Fam. Code Ann. § 83.001 (Vernon 1997), **IT IS THEREFORE ORDERED** that the clerk of this Court issue TEMPORARY *EX PARTE* PROTECTIVE ORDERS prohibiting Respondent, and Respondent is hereby immediately prohibited from:

(1) Committing acts of family violence;

(2) Communicating:

(a) directly with PAGAN SILVEIRA or a member of the family and/or household in a threatening or harassing manner;

(b) a threat through any person to PAGAN SILVEIRA or a member of the family and/or household; or

(3) Going within 200 yards of the residence or place of employment of PAGAN SILVEIRA or a member of the family or household of PAGAN SILVEIRA:

7C

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: David Middle: Vincent Last Tilsen

Home Address: [redacted] S. Grand Canyon Dr. Apt#: 2082

City: Las Vegas State: NV Zip Code: 89117

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: Saint Paul, MN Sex: ☑ M or ☐ F

E-mail Address: [redacted]

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: [redacted] CVS Pharmacy Store #: 02989

Address: 4755 W. Ann Rd

City: Las Vegas State: NV Zip Code: 89031

Signature of Managing Pharmacist: Brittney Rund Lic #: 20044 Date: 2/25/2021

(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)

	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:** Disorderly conduct, 2012, Minneapolis, MN.

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)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted — Date: 2/26/21

Board Use Only Date Processed: _____ Amount: 50

Darlene Nases

From: REAL SPILL <[redacted]>
Sent: Saturday, April 3, 2021 9:38 AM
To: Darlene Nases
Subject: Re: Pharmaceutical Technician Application - Missing Information
Attachments: image001.jpg

Its actually quite simple, I was stopped by UofM Campus police, after leaving an event at the school. And was charged with disorderly conduct after verbally refusing to be arrested. This was nine years ago, When I was much younger. Since then I have worked on Military bases and have been told by military recruiters I am morally able to join the service.

Thank you.

On Tue, Mar 30, 2021, 7:36 AM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

Hello David,

If court documents are not available, an explanation of events needs to be provided so the Board can review.

From there, the Board will decide if we can license you or if you need to appear in front of the Board.

Regards,

Darlene Nases

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

dnases@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: REAL SPILL <[redacted]>
Sent: Monday, March 29, 2021 9:30 AM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Subject: Re: Pharmaceutical Technician Application - Missing Information

My phone # is [redacted] and I was charged with disorderly conduct over 9 years ago. Its actually been removed from past records because of how long it has been. Thank you.

On Fri, Mar 12, 2021, 11:46 AM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

Hello David,

I received your Pharmaceutical Technician in Training application, but we need more information to proceed with this request.

If you can please provide the following, I can attach it to your application.

- Telephone Number
- Since you marked "Yes" for the question, "Been charged, arrested or convicted of a felony or misdemeanor in any state".
  Could you please provide an explanation of the events that occurred and any supporting documentation? This information will be sent to our Executive Secretary and Deputy Executive Secretary for review.

Regards,

Darlene Nases

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

Y

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Joseph Middle: _____ Last: Cherian

Mailing Address: [redacted] Pasadero Drive

City: Tarzana State: CA Zip Code: 91356

Telephone: [redacted] E-mail Address: jvcherian@alliance-rx.com

Date of Birth: [redacted] Place of Birth: Chicago, IL, USA

SS# or ITIN: [redacted] Sex: ☑ M or ☐ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State:

Texas Date of Issuance: 09/07/2017

College of Pharmacy Information

Graduation Date: 05/12/2000 (mm/dd/yy)

Degree Received: ☑ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Southern California

Location of School: 1985 Zonal Ave PSC 206A Los Angeles CA 90089-9121

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 check # 385 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?
CA	51944	Yes ☑ No ☐			Yes ☐ No ☐
TX	61530	Yes ☑ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☑

Branch: N/A
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: N/A

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	✓
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	✓
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	✓	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	✓

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
Citations, Accusation	CA	08/03/2017 12/17/2019 02/22/2021	CI201775965 CI201986482 AC7050

Criminal Action:	State	Date:	Case #:	County	Court
	N/A	/ /			

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.

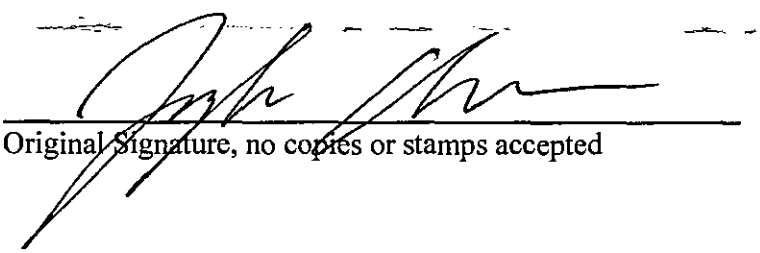
4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ✓
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐ N/A

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

8/6/2021

Date

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacist License # 61530

License Information

License Status Active
License # 61530
Expiration Date 08/31/2021
Date License Issued 09/07/2017

Pharmacist Details

School Graduated UNIV OF SOUTHERN CALIFORNIA
Graduation Year 2000
Degree at time of licensure Pharm D
License Method Exam
Preceptor No
Prior Disciplinary Order(s)* 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.

CHERIAN, JOSEPH

Names

Last Name CHERIAN
First Name JOSEPH
Middle Name
Other Name
Certificate Name CHERIAN, JOSEPH

More Pharmacist Details

Specialty Board Certification ¥ 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.

Remedial Plans and Drug Therapy Management

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.

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.

TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 ★ Austin, Texas 78701-3942
512-305-8000 ★ www.tsbp.state.tx.us

**** DO NOT CERTIFY THIS PAGE UNTIL AFTER GRADUATION HAS OCCURRED ****

AFFIDAVIT OF COMPLETION OF COURSEWORK AND GRADUATION FROM ACPE-ACCREDITED COLLEGE OF PHARMACY

Name: Joseph Cherian Social Security Number: [redacted]

This is to certify that Joseph Cherian attended the University of Southern California College of Pharmacy, from 08/1996 until 05/2000 and on May 12, 2000, completed all requirements for graduation from the four year program. 1700 Intern Hours were completed and the degree of Pharm.D. was conferred on him/her on May 12, 2000.

Signed _____ Date 03/09/2017
(Dean or Registrar)

(AFFIX SEAL HERE)

Address: USC School of Pharmacy
1985 Zonal Ave., PSC 206A
Los Angeles, CA 90089-9121

I. **NON-TEXAS GRADUATES**
If you are a graduate of a non-Texas College of Pharmacy, or have graduated from a Texas College more than one semester ago, detach this page and have the Dean or Registrar complete and return it to the Texas State Board of Pharmacy.

II. **TEXAS GRADUATES**
If you are a recent graduate from a Texas College of Pharmacy, your graduation will be certified automatically to the Board by your Texas College, and this affidavit is not required.

III. **FOREIGN COLLEGE OF PHARMACY GRADUATE**
If you are a graduate of a foreign College of Pharmacy, please attach a copy of your FPGEC certification in place of this affidavit.

Candy Nally

From: Joseph Cherian <JVCherian@alliance-rx.com>
Sent: Wednesday, August 25, 2021 6:32 PM
To: Candy Nally
Cc: Joseph Cherian
Subject: Re: Pharmacist by Reciprocation
Attachments: Nevada BOP Explanation Letter 2021_08_25.pdf; CI 2017 75965 JOSEPH CHERIAN.pdf; CI 2019 86482_JOSEPH CHERIAN.pdf; CI 2017 75965 Resolution Letter 2017_08_22.pdf; Alliance Pharmacy Accusation_2021_02_24_received.pdf

Hi Candy,

Please see attached signed letter of explanation along with associated documents. Please let me know if there are any questions.

Thanks

Joe

Joseph Cherian PharmD, MBA
jvcherian@alliance-rx.com
Alliance Pharmacy: 310-419-4479
Douglas Park Pharmacy: 562-353-4723
Park Mesa Pharmacy: 323-378-3323
DynaMed: 818-593-0528
Mobile: 714-319-4653

On Wed, Aug 25, 2021 at 2:08 PM Candy Nally <cnally@pharmacy.nv.gov> wrote:

> Name: Joseph Cherian
>
> We are in receipt of your application and fee.
>
> You have answered "yes" to one or more of the questions. A scanned copy of the application is attached.
>
> 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.

If you have any questions, please feel free to contact us.

Thanks,

Candy M. Nally

Licensing Specialist

Nevada State Board of Pharmacy

cnally@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

August 03, 2017

DATED MATERIAL ENCLOSED

JOSEPH VARGHESE CHERIAN
[redacted] SAN FELICIANO DR
LA MIRADA, CA 90638

RE: CI 2017 75965
JOSEPH VARGHESE CHERIAN
RPH 51944

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- September 02, 2017: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 17, 2017: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- September 02, 2017: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

Virginia Herold

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **September 02, 2017.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Ericka Busby
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7731

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than August 17, 2017 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than September 02, 2017 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No.
CI 2017 75965	JOSEPH VARGHESE CHERIAN, RPH 51944

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)		
VIOLATION CODE SECTION	**OFFENSE**	**AMOUNT OF FINE**
CCR, Title 16, § 1714 subd. (d)/Bus. & Prof. Code § 4081 subd. (a)	Operational Standards and Security; Pharmacist responsible for pharmacy security/Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory	Citation without a fine
Bus. & Prof. Code § 4301 subd. (o)	Unprofessional conduct; assist in violation	$3,000.00
Health & Safety Code § 11164 subd. (a)/Health & Safety Code § 11162.1	Prescriptions for schedule II, III, IV, and controlled substance: form and content; record of practitioner dispensing schedule II controlled substance/Prescription forms for Controlled Substances; Requirements	$1,000.00
Bus. & Prof. Code § 4126.5/Bus. & Prof. Code § 4040 subd. (a)/Bus. & Prof. Code § 4039	Furnishing Dangerous Drugs by Pharmacy/Prescription; Content Requirements/Practitioners Defined	$500.00
CCR, Title 16, § 1707.1 subd. (a)(1)(B)(2)/Bus. & Prof. Code § 4076 subd. (a)(4)	Duty to maintain medication profiles; a patient medication profile shall be maintained... for each prescription dispensed by the pharmacy-Prescribers name, license number, DEA registration number or other unique identifier/Prescription Container - Requirements for Labeling/The name of the prescriber...	$500.00

CONDUCT:

Accountability for Current Inventory of Dangerous Drugs: California Code of Regulations Section 1714 states in pertinent part (d) Each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices. Additionally, Business and Professions Code Section 4081 states in pertinent part (a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all

times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every...pharmacy... As related, California Code of Regulations Section 1718 states in part "Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332. Joseph Cherian (RPH 51944), while acting as pharmacist-in-charge of Alliance Pharmacy (PHY 51160), located at 323 N. Prairie Ave Ste. 100, Inglewood, California 90301, failed to comply. Specifically, for an audit period of 03/28/2013 to 08/20/2015, Alliance Pharmacy could not account for an inventory overage of 50 oxycodone 30 mg tablets and an inventory shortage of 1,264 alprazolam 2 mg tablets. This was a violation of pharmacy law.

Unprofessional Conduct: Business and Professions Code Section 4301 states in part
The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following: (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 by any other state or federal regulatory agency. Additionally, Business and Professions Code Section 4126.5, subdivision (a) states, A pharmacy may furnish dangerous drugs only to the following: (1) A wholesaler owned or under common control by the wholesaler from whom the dangerous drug was acquired. (2) The pharmaceutical manufacturer from whom the dangerous drug was acquired. (3) A licensed wholesaler acting as a reverse distributor. (4) Another pharmacy or wholesaler to alleviate a temporary shortage of a dangerous drug that could result in the denial of health care. A pharmacy furnishing dangerous drugs pursuant to this paragraph may only furnish a quantity sufficient to alleviate the temporary shortage.
(5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (6) A health care provider that is not a pharmacy but that is authorized to purchase dangerous drugs. (7) To another pharmacy under common control. Joseph Cherian (RPH 51944), while acting as pharmacist-in-charge at Alliance Pharmacy (PHY 51160), located at 323 N. Prairie Ave Ste. 100, Inglewood, California 90301, failed to comply. Specifically, Between 01/09/2015 and 07/02/2015, Guardian Pharmacy (PHY 48241), located at 1823 Commercenter West San Bernardino, California 92408, sold 106,425 mL of promethazine/codeine syrup, 2,550 Relyyks patches, and 300 cyclobenzaprine 7.5 mg tablets to Alliance Pharmacy (PHY 51160), a pharmacy not under common control, in the absence of a documented shortage of any of the medications. By purchasing these medications from Guardian Pharmacy in the absence of a documented market shortage, Alliance Pharmacy assisted or abetted the violation of Business and Professions Code Section 4126.5 at Guardian Pharmacy. This was a violation of pharmacy law.

Requirements for Filling Controlled Substance Prescriptions: Health and Safety Code Section 11164 states in 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. (a) 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. As related Health and Safety Code Section 11162.1 states in pertinent part (a) The prescription forms for controlled substances shall be printed with the following features: (2) A watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words "California Security Prescription." (13) An identifying number assigned to the approved security printer by the Department of Justice. Additionally, (b) Each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one. Joseph Cherian (RPH 51944), while acting as pharmacist-in-charge at Alliance Pharmacy (PHY 51160), located at 323 N. Prairie Ave Ste. 100, Inglewood, California 90301, failed to

comply. Specifically, PIC Cherian verified and dispensed 18 controlled substance prescriptions written on 18 prescription documents from Dr. Annamalai Ashokan which did not conform with the requirements of Health and Safety Code Section 11162.1 as follows:

Prescription Document Identifying Number	Prescription Number	Prescription Document Deficiencies
6045	145866	• The prescription documents did not contain a lot number. • The watermark on the back of the prescription documents read, "Docuguard" rather than, "California Security Prescription" as required.
6075	146109	
6097	145055	
6242	146406	
4199	132651	• The prescription documents lacked an identifying number assigned to the security printer by the Department of Justice. • The prescription documents lacked a lot number. • The watermark on the back of the prescription documents read, "Docuguard" rather than, "California Security Prescription" as required.
4171	131158	
4308	137169	
4351	137165	
4404	139280	
4499	138175	
4682	139072	
5031	140879	
5009	141394	
5712	135443	
5775	134598	
5921	137163	
None	143703	• The prescriptions lacked a lot number and sequential batch number. • The watermark on the back of the prescription documents read, "Docuguard" rather than, "California Security Prescription" as required.
None	144044	

This was a violation of pharmacy law.

Furnishing Dangerous Drugs by Pharmacy: Business and Professions Code Section 4126.5 states in part, (a) A pharmacy may furnish dangerous drugs only to the following: (1) A wholesaler owned or under common control by the wholesaler from whom the dangerous drug was acquired. (2) The pharmaceutical manufacturer from whom the dangerous drug was acquired. (3) A licensed wholesaler acting as a reverse distributor. (4) Another pharmacy or wholesaler to alleviate a temporary shortage of a dangerous drug that could result in the denial of health care. A pharmacy furnishing dangerous drugs pursuant to this paragraph may only furnish a quantity sufficient to alleviate the temporary shortage. (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (6) A health care provider that is not a pharmacy but that is authorized to purchase dangerous drugs. (7) To another pharmacy under common control. As related, Business and Professions Code Section 4040 states in part (a) "Prescription" means an oral, written, or electronic transmission order that is both of the following: (2) Issued by a physician, dentist, optometrist, podiatrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to Section 4052.1, 4052.2, or 4052.6 by a pharmacist licensed in this state. Also as related, Business

and Professions Code Section 4039 states "Physicians," "dentists," "optometrists," "pharmacists," "podiatrists," "veterinarians," "veterinary surgeons," "registered nurses," "naturopathic doctors," and "physician's assistants" are persons authorized by a currently valid and unrevoked license to practice their respective professions in this state. Joseph Cherian (RPH 51944), while acting as pharmacist-in-charge of Alliance Pharmacy (PHY 51160), located at 323 N. Prairie Ave Ste. 100, Inglewood, California 90301, failed to comply. Specifically, Alliance Pharmacy dispensing records indicated PIC Cherian verified and dispensed 4,894 prescriptions processed under the prescribing authority of Physician Assistant Linda Lewis (PA 10179) after 02/08/2014 when PA Lewis's physician assistant license was suspended. The dispensing record indicated the initial fill of 3,688 of the prescriptions in question occurred after 02/08/2014. This was a violation of pharmacy law.

Accuracy of Medication Profiles and Prescription Labels: California Code of Regulations Section 1707.1 states in part (a) A pharmacy shall maintain medication profiles on all patients who have prescriptions filled in that pharmacy except when the pharmacist has reasonable belief that the patient will not continue to obtain prescription medications from that pharmacy. (1) A patient medication record shall be maintained in an automated data processing or manual record mode such that the following information is readily retrievable during the pharmacy's normal operating hours. (B) For each prescription dispensed by the pharmacy: (2). The prescriber's name and where appropriate, license number, DEA registration number or other unique identifier. Additionally, Business and Professions Code Section 4076 states in part (a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following: (4) The name of the prescriber. Joseph Cherian (RPH 51944), while acting as pharmacist-in-charge of Alliance Pharmacy (PHY 51160), located at 323 N. Prairie Ave Ste. 100, Inglewood, California 90301, failed to comply. Specifically, PIC Cherian verified and dispensed prescriptions numbered 122088, 121644, 121645, 128013, and 128014 with Linda Lewis, PA incorrectly entered as the prescriber rather than the actual prescriber, Dr. Eugene Hubbard. In turn, the patient prescription record and prescription label for these prescriptions incorrectly listed Linda Lewis, PA as the prescriber. This was a violation of pharmacy law.

CITATION ISSUED ON: August 3, 2017 | **TOTAL AMOUNT OF FINE(S): $5,000.00**

PAYMENT OF FINE(S) DUE BY: September 2, 2017

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PACIFIC PHARMACY MANAGEMENT INC., DBA ALLIANCE PHARMACY, JOSEPH VARGHESE CHERIAN,** **and** **JOSEPH VARGHESE CHERIAN** Respondents.	Case No. 7050 **STATEMENT TO RESPONDENT** [Gov. Code §§ 11504, 11505(b)]

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Deputy Attorney General Marissa N. Hamilton, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

Marissa N. Hamilton
Deputy Attorney General
Ronald Reagan Building
300 South Spring Street, Suite 1702
Los Angeles, CA 90013
Marissa.Hamilton@doj.ca.gov

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, 320 West Fourth Street, Suite 630, Los Angeles, CA 90013, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Deputy Attorney General.

NOTICE REGARDING STIPULATED SETTLEMENTS

It may be possible to avoid the time, expense and uncertainties involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters

charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Deputy Attorney General Marissa N. Hamilton at the earliest opportunity.

Dated: February 22, 2021

XAVIER BECERRA
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General

Marissa N. Hamilton

MARISSA N. HAMILTON
Deputy Attorney General
Attorneys for Complainant

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Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PACIFIC PHARMACY MANAGEMENT INC., DBA ALLIANCE PHARMACY, JOSEPH VARGHESE CHERIAN** **323 N. Prairie Ave, Ste 100** **Inglewood, CA 90301** **Pharmacy Permit No. PHY 51160,** **and** **JOSEPH VARGHESE CHERIAN** **[redacted] San Feliciano Dr.** **La Mirada, CA 90638** **Pharmacist License No. RPH 51944** Respondents.	Case No. 7050 **ACCUSATION**

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about November 8, 2012, the Board of Pharmacy issued Pharmacy Permit Number PHY 51160 to Pacific Pharmacy Management Inc., dba Alliance Pharmacy, Joseph

Varghese Cherian (Respondent Alliance Pharmacy). Joseph Varghese Cherian has been the Pharmacist-In-Charge since November 8, 2012. The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on November 1, 2021, unless renewed.

3. On or about August 31, 2000, the Board of Pharmacy issued Pharmacist License Number RPH 51944 to Joseph Varghese Cherian (Respondent Cherian). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2022, unless renewed.

JURISDICTION

4. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

5. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law [Code sections 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code sections 11000 et seq].

6. Section 4300 of the Code states, in pertinent part, that "[e]very license issued may be suspended or revoked."

7. 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.

8. Section 4302 of the Code states:

> The board may deny, suspend, or revoke any license of a corporation where conditions exist in relation to any person holding 10 percent or more of the corporate stock of the corporation, or where conditions exist in relation to any officer or director of the corporation that would constitute grounds for disciplinary action against a licensee.

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STATUTORY PROVISIONS

9. Section 4036.5 of the Code states:

"Pharmacist-in-charge" means a pharmacist proposed by a pharmacy and approved by the board as the supervisor or manager responsible for ensuring the pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

10. Section 4059 of the Code states:

(a) A person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. A person may not furnish any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

11. Section 4113, subdivision (c), of the Code states, in pertinent part, [t]he 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 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 includes, but is not limited to, any of the following:

. . .

(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, of 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 by any other state or federal regulatory agency.

13. Section 4306.5 of the Code states:

Unprofessional conduct for a pharmacist may include any of the following:

(a) 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.

(b) Acts or omissions that involve, in whole or in part, the failure to exercise or implement his or her best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services.

(c) 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.

(d) Acts or omissions that involve, in whole or in part, the failure to fully maintain and retain appropriate patient-specific information pertaining to the performance of any pharmacy function.

14. Section 4307 of the Code states:

(a) 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, partner, or any other person with management or control of any partnership, corporation, trust, 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 manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of 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 manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control 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.

(b) "Manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a license" as used in this section and Section 4308, may refer to a pharmacist or to any other person who serves in such capacity in or for a licensee.

(c) The provisions of subdivision (a) may be alleged in any pleading filed pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. However, no order may be issued in that case except as to a person who is named in the caption, as to whom the pleading alleges the applicability of this section, and where the person has been given notice of the proceeding as required by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. The authority to proceed as provided by this subdivision shall be in addition to the board's authority to proceed under Section 4339 or any other provision of law.

15. Health and Safety Code Section 11153 states, in pertinent part:

(a) 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.

. . .

16. Health and Safety Code section 11162.1 states, in pertinent part:

(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.

. . .

(13) An identifying number assigned to the approved security printer by the Department of Justice.

. . .

(15) A uniquely serialized number, in a manner prescribed by the Department of Justice in accordance with Section 11162.2.

. . .

(b) Each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one.

. . .

17. Health and Safety Code section 11164 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.

(a) 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 . . .

REGULATORY PROVISIONS

18. California Code of Regulations, title 16, section 1761 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.

19. Federal Code of Regulations, title 21, section 1306.04 states, in pertinent part:

(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. 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. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

. . .

DANGEROUS DRUGS / CONTROLLED SUBSTANCES

20. Section 4021 of the Code states, in pertinent part:

Controlled substances: means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

21. Section 4022 states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

22. Drug classifications are as follows:

Generic Name	Brand Name	Dangerous Drug Per Code Section 4022	Controlled Substance Per Health & Safety Code (HSC)	Indications for Use
Acetaminophen/codeine	Tylenol #4	Yes	Yes – Schedule III per HSC 11056(e)(2)	Pain
Carisoprodol	Soma	Yes	Yes – Schedule IV per Title 21 CFR 1308.14(c)(7)	Muscle relaxant
Hydrocodone/acetaminophen	Norco	Yes	Yes – Schedule II per 21 CFR 1308.12(b)(1)(vi) and HSC 11055(b)(1)(l)(ii) as of 1/1/19	Pain
Oxycodone	Roxicodone	Yes	Yes – Schedule II per HSC 11055(b)(1)(M)	Pain
Oxymorphone	Opana	Yes	Yes – Schedule II per HSC 11055(b)(1)(N)	Pain
Promethazine/codeine syrup	Phenegran with codeine	Yes	Yes – Schedule V per HSC 11058(c)(l)	Cough

COST RECOVERY

23. 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, with failure of the licensee 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.

FACTUAL ALLEGATIONS

24. On or about June 19, 2019, a Board Inspector conducted an inspection at Alliance Pharmacy. During the inspection, Respondent Cherian, pharmacist-in-charge, was not present, and staff pharmacist Nausher Kanji assisted the Board Inspector with the inspection. The Board Inspector learned that Alliance Pharmacy is an independent pharmacy in a medical building with offices, including a pain clinic, and dispenses about 200 prescriptions per day. During the inspection, the Board Inspector reviewed completed prescription documents, and collected the following:

- 50 prescription documents and associated verifications from Dr. Rahil Khan;
- 12 prescription documents from Dr. Eugene Hubbard;
- 8 prescription documents and associated verifications from Dr. Mark Glasberg;
- 12 prescription documents and associated verifications from Dr. Young Yi;
- 2 prescription documents and associated verifications from Dr. John Korzelius;
- 8 prescription documents and associated verifications from PA Vinod Satya; and
- 6 prescription documents and associated verifications from Dr. Dean Weiss.

25. At the end of the inspection, the Board Inspector requested the Pharmacy provide the Board a file detailing all prescriptions that Respondent Alliance Pharmacy filled from June 19, 2016 through June 19, 2019. The Board Inspector also requested that Respondent Cherian complete and return a questionnaire about corresponding responsibility.

26. On or about July 17, 2019, Respondent Cherian provided the Board Inspector with the previously requested file detailing all prescriptions that Respondent Alliance Pharmacy filled from June 19, 2016 through June 19, 2019 as well as the completed questionnaire about corresponding responsibility.

General dispensing trends

27. Based on a review of the Pharmacy's dispensing records, the Board Inspector noted the following general dispensing trends from the time period of June 19, 2016 through June 19, 2019:

a. Respondent Alliance Pharmacy filled approximately 3,348 controlled substance prescriptions under the prescribing authority of Dr. Rahil Khan, Dr. Eugene Hubbard, Dr. Mark Glasberg, Dr. Young Yi, Dr. John Korzelius, PA Vinod Satya, and Dr. Dean Weiss.

b. Respondent Cherian was noted in the Pharmacy's dispensing records as the verifying pharmacist for 95% of the controlled substance prescriptions from Dr. Khan, Dr. Glasberg, Dr. Yi, Dr. Korzelius, Dr. Weiss, and PA Satya. Including Dr. Hubbard, Respondent Cherian was noted in the Pharmacy's dispensing records as the verifying pharmacist for over 50% of the prescriptions from these 7 prescribers.

c. One of the most commonly dispensed controlled substances of these 7 prescribers was oxycodone 30mg, a commonly abused controlled substances. The prescriptions included 952 prescriptions for oxycodone 30 mg, totaling 79,375 oxycodone 30 mg tablets.

Irregularities in prescriptions and prescribing patterns

28. Based on review of the Pharmacy dispensing records and original prescription documents, the Board Inspector determined that while Respondent Cherian was the pharmacist-in-charge, Respondent Alliance Pharmacy had dispensed several prescriptions for controlled substances during the time period of June 19, 2016 through June 19, 2019 that exhibited objective factors of irregularity—or red flags—for potential abuse without adequately ensuring the prescriptions were issued for a legitimate medical purpose in the usual course of professional practice. Factors of irregularity were evident in the prescription documents and prescribing patterns generated under the purported prescribing credentials of at least 7 prescribers, including but not limited to the following:

29. **Dr. Rahil Khan:**

a. Respondent Alliance Pharmacy filled approximately 673 prescriptions under the prescribing authority of Dr. Rahil Khan during the query period. All of these prescriptions were dispensed between April 27, 2017 and November 18, 2017.

b. Oxycodone 30 mg was Dr. Khan's most commonly prescribed medication, accounting for 19.02% of his total prescribing.

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c. All of Dr. Khan's 128 prescriptions for oxycodone were prescribed exclusively in the highest available strength despite inter-patient variability.

d. All of the 57 patients who received prescriptions from Dr. Khan during the query period received a controlled substance. Of these 57 patients, 46 patients received at least one prescription for oxycodone 30 mg.

e. Dr. Khan's frequent prescribing of oxycodone 30 mg, oxymorphone 40 mg, and promethazine/codeine syrup is incongruent with what would be expected for a physician practicing within the scope of Dr. Khan's self-reported practice (i.e., general practice and dermatology).

f. There were numerous instances when Respondent Alliance Pharmacy processed similar or identical prescriptions for oxycodone 30 mg from Dr. Khan on the same day.

g. Dr. Khan's address listed in the Pharmacy's dispensing data is located in Northridge, California, 26 miles from Respondent Alliance Pharmacy, resulting in patients traveling unusual distances from Dr. Khan's office to Respondent Alliance Pharmacy to obtain prescriptions.

h. Of the 50 prescription documents collected by the Board Inspector during the inspection, 47 of the prescription documents, which contained a total of 61 controlled substance prescriptions, did not conform to the requirements of Health and Safety Code section 11162.1 in that they did not contain the "California Security Prescription" watermark. This omitted security feature alone invalidated the prescriptions and visibly indicated that the prescriptions were not written legitimately. Each of the 47 non-compliant prescription documents contained a prescription for oxycodone 30 mg and/or oxymorphone 40 mg. Respondent Cherian was noted in the Pharmacy dispensing records as the verifying pharmacist for all 47 non-compliant prescription documents from Dr. Khan.

i. On 8 occasions, Dr. Khan's prescriptions for oxymorphone 40 mg contained an error in prescribing, bearing directions to take one tablet by mouth every four to six hours as needed. In each of these instances, Respondent Alliance Pharmacy staff contacted Dr. Khan's office and corrected the prescription to direct the patient to take 2 tablets by mouth every 12 hours.

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j. Despite the irregularities discussed above, the prescription documents collected did not contain documentation indicating that that the Pharmacy contacted Dr. Khan to specifically address these irregularities prior to filling the prescriptions.

30. Dr. Eugene Hubbard

a. Respondent Alliance Pharmacy filled approximately 7,115 prescriptions under the prescribing authority of Dr. Eugene Hubbard during the query period. All of these prescriptions were dispensed between June 20, 2016 and September 27, 2017.

b. Carisoprodol 350 mg, acetaminophen/codeine 300/60 mg, and Hydrocodone/acetaminophen 10-325 mg were some of Dr. Hubbard's most commonly prescribed medications, accounting for 13.75%, 10.25% , and 7.58% of Dr. Hubbard's total prescribing, respectively. Together, these three controlled substances accounted for 31.58% of Dr. Hubbard's total prescribing.

c. Dr. Hubbard prescribed hydrocodone/acetaminophen almost exclusively in the highest available strength, with 539 of the 541 prescriptions for hydrocodone/acetaminophen prescribed in the highest available strength despite inter-patient variability.

d. Approximately 33.3% of the prescriptions were paid in cash, without the aid of prescription insurance. There were numerous instances when Respondent Alliance Pharmacy processed prescriptions for several cash-paying patients of Dr. Hubbard's on the same day, and often these prescriptions were assigned consecutive prescription numbers.

e. Many of Dr. Hubbard's patients travelled unusual distances from their homes to Respondent Alliance Pharmacy to obtain prescriptions. For example, multiple patients had addresses listed in Long Beach, Pasadena, Sylmar, Anaheim, and Victorville, 22.9 miles, 23.6 miles, 32 miles, 34.5 miles, and 95.3 miles from Respondent Alliance Pharmacy, respectively.

f. Of the 12 prescription documents the Board Inspector collected during the inspection, 11 prescription documents from Dr. Hubbard, containing 20 prescriptions for controlled substances, did not conform to the requirements of Health and Safety Code section 11162.1 in that they lacked the "California Security Prescription" watermark. This omitted security feature alone invalidated the prescriptions and visibly indicated that the prescriptions were not written

legitimately. Respondent Cherian was noted in the Pharmacy dispensing records as the verifying pharmacist for 3 of the non-compliant prescription documents from Dr. Hubbard.

g. Despite the irregularities discussed above, the prescription documents collected did not contain documentation indicating that the Pharmacy contacted Dr. Hubbard to specifically address these irregularities prior to filling the prescriptions.

31. Dr. Mark Glasberg

a. Respondent Alliance Pharmacy filled approximately 693 prescriptions under the prescribing authority of Dr. Mark Glasberg during the query period. All of these prescriptions were dispensed between June 14, 2018 and March 21, 2019.

b. Oxycodone 30 mg was Dr. Glasberg's most commonly prescribed medication, accounting for 18.9% of his total prescriptions.

c. Dr. Glasberg prescribed immediate release oxycodone almost exclusively in the highest available strength, with 131 of the 132 prescriptions for immediate release oxycodone prescribed in the highest available strength despite inter-patient variability.

d. Of Dr. Glasberg's 57 patients who received prescriptions during the query period, 53 patients received at least one prescription for oxycodone 30 mg.

e. There were numerous instances when Respondent Alliance Pharmacy processed similar or identical prescriptions for oxycodone 30 mg from Dr. Glasberg on the same day.

f. Dr. Glasberg's frequent prescribing of oxycodone 30 mg is incongruent with what would be expected for a physician practicing within the scope of Dr. Glasberg's self-reported area of practice (i.e., neurology and neurosurgery).

g. Despite the irregularities discussed above, the prescription documents collected did not contain documentation indicating that the Pharmacy contacted Dr. Glasberg to specifically address these irregularities prior to filling the prescriptions.

32. Dr. Young Yi

a. Respondent Alliance Pharmacy filled approximately 835 prescriptions under the prescribing authority of Dr. Young Yi during the query period. All of these prescriptions were dispensed between December 27, 2016 and October 29, 2018.

b. Oxycodone 30 mg and hydrocodone/acetaminophen 10/325 mg were Dr. Yi's most commonly prescribed medication, accounting for 31.98% and 17.72% of his total prescribing, respectively. Together, these two commonly abused controlled substances made up 49.7% of Dr. Yi's total prescribing.

c. All 237 of Dr. Yi's prescriptions for oxycodone were prescribed exclusively in the highest available strength despite inter-patient variability. Moreover, all 148 of Dr. Yi's prescriptions for hydrocodone/acetaminophen were prescribed exclusively in the highest available strength despite inter-patient variability.

d. Of the 119 patients that received prescriptions from Dr. Yi during the query period, 118 of these patients received a prescription for a controlled substance. Further, 60 patients received at least one prescription for oxycodone 30 mg and 60 patients received at least one prescription for hydrocodone/acetaminophen 10/325 mg.

e. There were numerous instances when Respondent Alliance Pharmacy processed similar or identical prescriptions for oxycodone 30 mg and/or hydrocodone/acetaminophen 10/325 mg from Dr. Yi on the same day.

f. Despite the irregularities discussed above, the prescription documents collected did not contain documentation indicating that the Pharmacy contacted Dr. Yi to specifically address these irregularities prior to filling the prescriptions.

33. Dr. John Korzelius

a. Respondent Alliance Pharmacy filled approximately 121 prescriptions under the prescribing authority of Dr. John Korzelius during the query period. All of these prescriptions were dispensed between August 10, 2017 and February 22, 2019.

b. Oxycodone 30 mg was Dr. Korzelius's most commonly prescribed medication accounting for 48.76% of his total prescribing.

c. All 18 of Dr. Korzelius's patients received at least one prescription for oxycodone 30 mg.

d. All 59 of Dr. Korzelius's prescriptions for immediate release oxycodone were prescribed exclusively in the highest available strength despite inter-patient variability.

e. There were numerous instances when Respondent Alliance Pharmacy processed similar or identical prescriptions for oxycodone 30 mg from Dr. Korzelius on the same day.

f. The prescription documents collected by the Board Inspector during the inspection list an address for Dr. Korzelius in Encino, California, 20.1 miles from Respondent Alliance Pharmacy. Moreover, the Pharmacy's dispensing record also listed two additional addresses for Dr. Korzelius, located in Granada Hills and Santa Ana, 27.2 miles and 37.7 miles away from Respondent Alliance Pharmacy, respectively. This means that patients traveled unusual distances from Dr. Korzelius's office to Respondent Alliance Pharmacy to obtain prescriptions.

g. Despite the irregularities discussed above, the prescription documents collected did not contain documentation indicating that the Pharmacy contacted Dr. Korzelius to specifically address these irregularities prior to filling the prescriptions.

34. PA Vinod Satya

a. Respondent Alliance Pharmacy filled approximately 196 prescriptions under the prescribing authority of Physician Assistant Vinod Satya during the query period. All of these prescriptions were dispensed between January 11, 2018 and June 26, 2018. The prescription documents collected by the Board Inspector during the inspection indicated that PA Satya practiced under the supervision of Dr. Korzelius during this time period.

b. Oxycodone 30 mg was PA Satya's most commonly prescribed medication accounting for 38.78% of his total prescribing.

c. All 36 of PA Satya's patients received at least one prescription for oxycodone 30 mg.

d. All 76 of PA Satya's prescriptions for immediate release oxycodone were prescribed exclusively in the highest available strength despite inter-patient variability.

e. There were numerous instances when Respondent Alliance Pharmacy processed similar or identical prescriptions for oxycodone 30 mg from PA Satya on the same day.

f. The prescription documents collected by the Board Inspector during the inspection list an address for PA Satya in Santa Ana, California, 37 miles from Respondent Alliance Pharmacy, resulting in patients traveling unusual distances from PA Satya's office to Respondent Alliance Pharmacy to obtain prescriptions.

g. Despite the irregularities discussed above, the prescription documents collected did not contain documentation indicating that the Pharmacy contacted PA Satya to specifically address these irregularities prior to filling the prescriptions.

35. **Dr. Dean Weiss**

a. Respondent Alliance Pharmacy filled approximately 1,695 prescriptions under the prescribing authority of Dr. Dean Weiss during the query period. All of these prescriptions were dispensed between October 30, 2018 and June 18, 2019.

b. Oxycodone 30 mg was Dr. Weiss's most commonly prescribed medication, accounting for 17.17% of his total prescribing.

c. Of Dr. Weiss's 68 patients who received prescriptions during the query period, 62 patients received at least one prescription for oxycodone 30 mg.

d. Dr. Weiss's prescriptions for immediate release oxycodone were prescribed almost exclusively in the highest available strength, with 291 of the 292 prescriptions for immediate release oxycodone prescribed in the highest available strength despite inter-patient variability.

e. There were numerous instances when Respondent Alliance Pharmacy processed similar or identical prescriptions for oxycodone 30 mg from Dr. Weiss on the same day.

f. Dr. Weiss's address in the Pharmacy's dispensing record is located in Monterey Park, California, 18.2 miles from Respondent Alliance Pharmacy, resulting in many of Dr. Weiss's patients traveling unusual distances to Respondent Alliance Pharmacy to obtain prescriptions.

g. Despite the irregularities discussed above, the prescription documents collected did not contain documentation indicating that the Pharmacy contacted Dr. Weiss to specifically address these irregularities prior to filling the prescriptions.

36. Based on a review of the Pharmacy documentation collected and Patient Activity Reports, the Board Inspector determined that at least 26 patients were likely opioid naïve, yet these patients initiated opioid therapy at Respondent Alliance Pharmacy with the highest available strength of immediate release oxycodone. Respondent Cherian was noted in the Pharmacy's dispensing records as the verifying pharmacist for all 26 of these prescriptions. These prescriptions are summarized in the following table:

Date	Rx No.	Patient Name	Medication	Prescriber	Previous Opioids in Pharmacy Data	Previous Opioids in Patient Activity Report
1/8/19	252925	LDA	Oxycodone 30 mg	Dr. Glasberg	None	None since at least 4/23/15
1/7/19	252915	EB	Oxycodone 30 mg	Dr. Glasberg	None	None for last 18 months
11/28/18	249172	DB	Oxycodone 30 mg	Dr. Glasberg	None	None since at least 4/23/15
9/11/18	241049	AG	Oxycodone 30 mg	Dr. Glasberg	None	None for last 17 months
9/6/18	240759	GS	Oxycodone 30 mg	Dr. Glasberg	None	None since at least 6/1/17
9/6/18	240735	BD	Oxycodone 30 mg	Dr. Yi	None	None since at least 1/1/16
8/14/18	238644	RC	Oxycodone 30 mg	Dr. Smith	None	None since at least 4/23/15
8/9/18	238218	KB	Oxycodone 30 mg	Dr. Glasberg	None	None for last 33 months
7/25/18	235238	ME	Oxycodone 30 mg	Dr. Glasberg	None	None for last 34 months
7/5/18	235228	DC	Oxycodone 30 mg	Dr. Glasberg	None	None for last 22 months
5/15/18	230826	DS	Oxycodone 30 mg	PA Satya	None	None since at least 6/1/17
5/14/18	230504	KW	Oxycodone 30 mg	PA Satya	None	None for last 8 months
5/14/18	230574	DW	Oxycodone 30 mg	PA Satya	None	None since at least 6/1/17
4/13/18	228177	AC	Oxycodone 30 mg	Dr. Friedman	None	None since at least 4/23/15
4/9/18	227564	AQS	Oxycodone 30 mg	PA Satya	None	None for last 11 months
2/26/18	224087	KBL	Oxycodone 30 mg	PA Satya	None	None since at least 4/23/15
2/23/18	224029	BW	Oxycodone 30 mg	PA Satya	None	None since at least 6/1/17
2/6/18	223570	AS	Oxycodone 30 mg	Dr. Korzelius	None	None since at least 6/1/17
7/7/17	206999	JC	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
6/21/17	205842	LJ	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
6/14/17	205252	TF	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16

6/9/17	204940	TH	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
6/7/17	204708	BL	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
5/23/17	203697	BHO	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
5/16/17	203212	BHU	Oxycodone 30 mg	Dr. Khan	None	None since at least 7/30/16
11/7/16	186548	JB	Oxycodone 30 mg	Dr. Shah	None	None since at least 1/1/16

FIRST CAUSE FOR DISCIPLINE

(Failure to Exercise or Implement Corresponding Responsibility)

37. Respondent Alliance Pharmacy and Respondent Cherian are subject to disciplinary action under Code sections 4301, subdivisions (d), (j) and (o), 4306.5, subdivisions (a) and (b), and 4113, subdivision (c), in conjunction with Health and Safety Code section 11153, subdivision (a), California Code of Regulations, title 16, section 1761, and Federal Code of Regulations, title 21, section 1306.04, in that Respondents failed to exercise or implement their best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances or dangerous drugs, or with regard to the provision of services. Complainant refers to, and by this reference incorporates, the allegations set forth above in paragraphs 24 through 36, as though set forth in full herein.

SECOND CAUSE FOR DISCIPLINE

(Filling or Dispensing Improper Prescriptions for Controlled Substances)

38. Respondent Alliance Pharmacy and Respondent Cherian are subject to disciplinary action under Code sections 4301, subdivisions (d), (j), and (o), 4306.5, subdivision (b), and 4113, subdivision (c), in conjunction with Health and Safety Code sections 11162.1, subdivisions (a) and (b), and 11164, California Code of Regulations, title 16, section 1761, and Federal Code of Regulations, title 21, section 1306.04, in that Respondents filled or dispensed controlled substance prescriptions that did not comply with the form requirements of Health and Safety Code section 11162.1, or contained any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Complainant refers to, and by this reference incorporates, the allegations set forth in above paragraphs 24 through 36, as though set forth in full herein.

DISCIPLINARY CONSIDERATIONS

39. To determine the degree of discipline, if any, to be imposed on Respondent Alliance Pharmacy, Complainant alleges that on or about August 3, 2017, in a prior action, the Board issued Respondent Alliance Pharmacy Citation Number CI 2014 66095 and ordered Respondent Alliance Pharmacy to pay an administrative fine of $5,000. That citation is now final.

40. To determine the degree of discipline, if any, to be imposed on Respondent Cherian, Complainant alleges that on or about August 3, 2017, in a prior action, the Board issued Respondent Cherian Citation Number CI 2017 75965 and ordered Respondent Cherian to pay an administrative fine of $5,000. That citation is now final.

41. To determine the degree of discipline, if any, to be imposed on Respondent Cherian, Complainant alleges that on or about December 17, 2019, in a prior action, the Board issued Respondent Cherian Citation Number CI 2019 86482. That citation is now final.

OTHER MATTERS

42. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 51160, issued to Pacific Pharmacy Management Inc., dba Alliance Pharmacy, Respondent Alliance 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 51160 is placed on probation or until Pharmacy Permit Number PHY 51160 is reinstated if it is revoked..

43. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 51160, issued to Pacific Pharmacy Management Inc., dba Alliance Pharmacy, while Joseph Varghese Cherian has been an officer, director, and/or owner and had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, Respondent Cherian 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 51160 is placed on probation or until Pharmacy Permit Number PHY 51160 is reinstated if it is revoked.

44. Pursuant to Code section 4307, if discipline is imposed on Pharmacist License Number RPH 51944, issued to Joseph Varghese Cherian, Respondent Cherian shall be prohibited

from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacist License Number RPH 51944 is placed on probation or until Pharmacist License Number RPH 51944 is reinstated if it is revoked.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 51160, issued to Pacific Pharmacy Management Inc., dba Alliance Pharmacy, Joseph Varghese Cherian;

2. Revoking or suspending Pharmacist License Number RPH 51944, issued to Joseph Varghese Cherian;

3. Prohibiting Pacific Pharmacy Management Inc., dba Alliance Pharmacy from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 51160 is placed on probation or until Pharmacy Permit Number PHY 51160 is reinstated if Pharmacy Permit Number PHY 51160 is revoked;

4. Prohibiting Joseph Varghese Cherian from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 51160 is placed on probation or until Pharmacy Permit Number PHY 51160 is reinstated if Pharmacy Permit Number PHY 51160 is revoked;

5. Prohibiting Joseph Varghese Cherian from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacist License Number RPH 51944 is placed on probation or until Pharmacist License Number RPH 51944 is reinstated if Pharmacist License Number RPH 51944 is revoked;

6. Ordering Alliance Pharmacy and Joseph Varghese Cherian to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

///

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///

7. Taking such other and further action as deemed necessary and proper.

DATED: 2/17/2021

Sodergren, Anne@DCA

Digitally signed by Sodergren, Anne@DCA
Date: 2021.02.17 20:53:18 -08'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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Attorney General of California
ARMANDO ZAMBRANO
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State Bar No. 322489
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6701
Facsimile: (916) 731-2126
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: PACIFIC PHARMACY MANAGEMENT INC., DBA ALLIANCE PHARMACY, JOSEPH VARGHESE CHERIAN, and JOSEPH VARGHESE CHERIAN Respondents.	Case No. 7050 **REQUEST FOR DISCOVERY**

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: February 22, 2021

XAVIER BECERRA
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General

Marissa N. Hamilton

MARISSA N. HAMILTON
Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PACIFIC PHARMACY MANAGEMENT INC., DBA ALLIANCE PHARMACY, JOSEPH VARGHESE CHERIAN,** **and** **JOSEPH VARGHESE CHERIAN** Respondents.	Case No. 7050 **NOTICE OF DEFENSE** (Gov. Code §§ 11505 and 11506)

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, Disciplinary Guidelines, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

_____

_____

Date: _____
Print Your Name: _____
Your Signature: _____
Respondent's Mailing Address: _____

_____

Phone: _____
E-mail _____

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name _____
Counsel's Mailing Address _____
_____
Phone: _____
E-mail: _____

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PACIFIC PHARMACY MANAGEMENT INC., DBA ALLIANCE PHARMACY, JOSEPH VARGHESE CHERIAN,** **and** **JOSEPH VARGHESE CHERIAN** Respondents.	Case No. 7050 **NOTICE OF DEFENSE** (Gov. Code §§ 11505 and 11506)

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I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

_____

_____

Date: _____
Print Your Name: _____
Your Signature: _____
Respondent's Mailing Address: _____

_____
Phone: _____
E-mail _____

Check one box:

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name _____
Counsel's Mailing Address _____
_____
Phone: _____
E-mail: _____

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

Check box if applicable:

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the box above to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearings and on counsel for Complainant fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

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COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

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DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL
(Separate Mailings)

Case Name: **In the Matter of the Accusation Against: Pacific Pharmacy Management Inc., dba Alliance Pharmacy, Joseph Varghese Cherian**

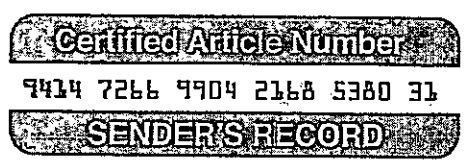
Case No.: **7050**

I declare:

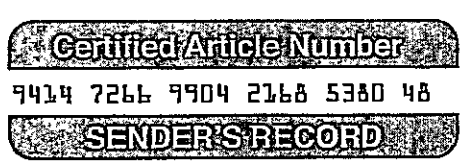
I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On February 22, 2021, I served the attached **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2) COPIES; GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7** by placing a true copy thereof enclosed in a sealed envelope as certified mail with return receipt requested, and another true copy of the **STATEMENT TO RESPONDENT; ACCUSATION; REQUEST FOR DISCOVERY; NOTICE OF DEFENSE (2) COPIES; GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7** was enclosed in a second sealed envelope as first class mail in the internal mail collection system at the Office of the Attorney General at 300 South Spring Street, Suite 1702, Los Angeles, CA 90013, addressed as follows:

Pacific Pharmacy Management Inc., dba
Alliance Pharmacy, Joseph Varghese Cherian
323 N. Prairie Ave, Ste 100
Inglewood, CA 90301
Respondent



Joseph Varghese Cherian
15022 San Feliciano Dr.
La Mirada, CA 90638
Respondent



I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on February 22, 2021, at Los Angeles, California.

SHARON OLIVER — Declarant

/s/Sharon Oliver — Signature

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

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

December 17, 2019

DATED MATERIAL ENCLOSED

JOSEPH VARGHESE CHERIAN
[redacted] SAN FELICIANO DR
LA MIRADA, CA 90638

RE: CI 2019 86482
JOSEPH VARGHESE CHERIAN
RPH 51944

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:

- December 31, 2019: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- January 16, 2020: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

No fine has been assessed with this Citation and no proof of abatement has been ordered.

If the Board does not receive a written request to contest this Citation within 30 days of the issue date, you will be deemed to have waived your right to contest this Citation. The Citation shall then become the final order of the Board. Please be advised that if not contested this Citation will become a part of the Board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

Sincerely

Anne Sodergren

Anne Sodergren
Interim Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

Unless contested, Citations are final 30 days from the date of service. Acceptance of a Citations is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than December 31, 2019 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than January 16, 2020 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Stephanie Koenig, Associate Enforcement Analyst, at (916) 518-3012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION

Citation Number	Name, License No
CI 2019 86482	JOSEPH VARGHESE CHERIAN, RPH 51944

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE
Health & Safety Code § 11164 subd. (a)/CCR, Title 16, § 1761 subd. (a)	**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/No pharmacist shall compound or dispense any prescription which contains any significant error or omission**

CONDUCT:

Requirements for Dispensing Controlled Substance Prescriptions: Health and Safety Code Section 11164 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: (a) 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 and shall meet the following requirements: (1) The prescription shall be signed and dated by the prescriber in ink and shall contain the prescriber's address and telephone number... As related, Health and Safety Code Section 11162.1 subdivision (a) states, in pertinent part, the prescription forms for controlled substances shall be printed with the following features: (2) a watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words "California Security Prescription" (9) the preprinted name, category of licensure, license number, federal controlled substance registration number, and address of the prescribing practitioner. Additionally, subdivision (b) states each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one. As related to the California Code of Regulations Section 1761 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.

Joseph Cherian (RPH 51944), while working as the pharmacist-in-charge at Douglas Park Pharmacy (PHY 53723), located at 3828 Schaufele Ave #260, Long Beach, California

90808, failed to comply. Specifically, Joseph Cherian dispensed approximately 66 controlled substance prescriptions written on approximately 66 prescription documents which did not conform to the requirements in that there was omission of security feature(s).

The following 64 controlled substance prescription numbers written on 64 prescription documents under Dr. Annamalai Ashokan from 06/2016 to 09/2016,

101532	101788	102103	102424
101581	101799	102131	102433
101590	101848	102173	102448
101597	101880	102180	102490
101616	101890	102185	102494
101624	101922	102189	102502
101655	101940	102203	102511
101676	101944	102214	102554
101684	101956	102217	102555
101692	101981	102225	102580
101709	101997	102240	102588
101711	102020	102276	102604
101728	102039	102291	102620
101739	102041	102294	102675
101771	102073	102357	102678
101782	102094	102411	102696

lacked the following security features:

- Awatermark printed on the backside of the prescription document consisting of the words "California Security Prescription."
- The watermark printed on the back stated "DocuGard."
- The lot number printed on the prescription document for each batch of controlled substance prescription forms.

The following controlled substance prescription numbers written on 2 prescription documents under Nurse Practitioner Cecilia Amador-Lopez in 02/2018,

109462
109580

lacked the following security feature:

- The preprinted name, category of licensure, license number, and federal controlled substance registration number of the prescribing practitioner.
- The information was stamped onto the prescription document.

Based on the 66 controlled substance prescriptions dispensed, Joseph Cherian dispensed a total of approximately: 3,060 tablets of oxycodone immediate-release 30 mg, 2,850 tablets of hydrocodone/acetaminophen 10/325 mg, and 120 tablets of oxymorphone extended-release 40 mg. This was a violation of pharmacy law.

CITATION ISSUED ON: December 17, 2019

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION

COPY

Citation Number	Name, License No
CI 2019 86482	JOSEPH VARGHESE CHERIAN, RPH 51944

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CITATION ISSUED ON: December 17, 2019

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: JOSEPH VARGHESE CHERIAN

License No: RPH 51944

Citation Number : CI 2019 86482

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) ( ) _____ Residence: ( ) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3013

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against: JOSEPH VARGHESE CHERIAN RPH 51944 Respondent	Citation Case No : CI 2019 86482 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: JOSEPH VARGHESE CHERIAN , RPH 51944
Citation and Fine CI 2019 86482

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 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On December 17, 2019, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
JOSEPH VARGHESE CHERIAN [redacted] SAN FELICIANO DR LA MIRADA, CA 90638	7019 0160 0000 9008 7200

I declare under penalty of perjury that the forgoing is true and correct.

Executed on December 17, 2019, at Sacramento, California.

DECLARANT

Stephanie Koenig
Associate Enforcement Analyst

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

August 22, 2017

JOSEPH VARGHESE CHERIAN
[redacted] SAN FELICIANO DR
LA MIRADA, CA 90638

RE: CI 2017 75965
JOSEPH VARGHESE CHERIAN
RPH 51944

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Enforcement Analyst, Ericka Busby at (916) 574-7731.

Sincerely

Virginia Herold
Executive Officer
Board of Pharmacy

Joseph Cherian PharmD, MBA
18760 Pasadero Drive
Tarzana, CA 91356

August 25, 2021

Candy M. Nally
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Reno, NV 89521

Hi Candy,

Please accept this letter and enclosed documents as response to your request for a statement of explanation regarding my answering yes to having been subject of a board citation or administrative action whether completed or pending in any state. I have 2 citations which have been resolved and one pending accusation. Please reference the associated documents when reviewing my explanations below as they have details of the issues.

CI 201775965 – This is a citation from 2017 for me as PIC of Alliance Pharmacy in Inglewood CA.

1) Accurate Inventory: We were off a fraction of a percent of utilized volume of Oxycodone 30mg and Alprazolam 2mg. There was no fine associated with this violation as the discrepancies were so small. We have since purchased an EyeCon counter to prevent manual counting errors and moved to keeping a perpetual inventory of all schedule 2 controlled substances.

2) Purchasing medication from a pharmacy not under same ownership: I purchased medications from a friend's pharmacy which I did not know wasn't allowed outside of a market shortage or unless the pharmacies had common ownership in CA. The CA BOP had only recently started enforcing this law when the citation was issued. I have worked in a pharmacy since the late nineties and it was common practice for pharmacies to buy inventory from each other. I have only purchased medications from CA licensed wholesalers since this was brought to my attention.

3) Requirement of controlled substance prescription blank: I filled controlled substances that were missing one or more of the over dozen "security features" required for a controlled substance prescription in CA. The security features that were missing on these rx blanks are usually in very small print and it is very possible to miss these, when the more prominent security features are evident. I had contacted and verified all these rxs for controlled substances from the Marina Shore Medical Group either by phone and/or fax. They had sent me chart notes and pain contracts on some of their patients per my request. The contact information on the rx pads matched what was available on public sources and I had called the number listed on their website to confirm that it was the same place. I had spoken to Dr. Ashokan in the past and routinely spoke to the office staff including James who was the office manager. Also, despite being a pain management office, controlled substances were not the only medications Dr. Ashokan prescribed. A variety of NSAIDs and other adjunct agents were prescribed at

therapeutic doses and in usual quantities. I cannot comment on why his vendor provided prescription pads that did not conform to the CA specific requirements; however, I continue to believe these prescriptions were legitimately issued by a licensed prescriber for a valid medical reason. Please note that I had verified the prescriber's credentials with the Medical Board of CA as well as the DEA prior to filling the prescriptions. We have not filled any prescriptions from this doctor since 2016.

4) "Prescriber" with Suspended license: We had processed prescriptions under the authority of a PA whose license was suspended due to misunderstanding with prescriber's office and subsequent clerical errors. All rxs after 02/08/14 which were processed with Linda Lewis as the prescriber were due to clerical error. The actual prescriber was Eugene Hubbard MD, her supervising physician. Both Dr. Hubbard and Linda Lewis PA were listed on the rx pads of Amini Medical prior to 02/08/2014. However, Linda's name and information was removed from them around that time. Linda is elderly and has some health issues. I was told in passing that she was cutting down her workload due to some recent hospitalizations. Hence, the explanation of why her name was removed from the rx pads. I did not know her license had been suspended. I routinely check physician credentials on the Medical Board website (BreEZe) and verify DEA registration status. However, since physician assistants don't have any authority to prescribe outside their relationship with their supervising physician, I had not been routinely checking the PA licensing website. I based this on the knowledge that the supervising physician would be responsible for this. That said, I did confirm DEA registration for MLPs when first filling controlled medications and she had clear credentials when we first started filling her rxs.

This was a unique situation in that Linda Lewis still worked at Amini Medical in an administrative capacity, but is no longer practicing as a PA. Amini Medical was located in our building until early 2016. I believe Dr. Hubbard and staff assumed that we would automatically change all subsequent rxs to Dr. Hubbard's NPI since Linda's name was no longer on their actual hard copies. However, that intent was not specifically communicated to me or my staff. Hence, when Linda called in rxs on Dr. Hubbard's behalf, my staff reasonably assumed that she was the prescriber. Also, many rxs after 02/08/14 were refills of prescriptions that Linda had originally written under her own authority. When entering a refill authorization, we would notate "ok per XX.XX" in the appropriate field and continue to process with the original prescriber name. Also, many of the "new" rxs after 02/2014 were actually "renewals" of existing prescriptions. Renewal is where we assigned an existing prescription a new rx number while copying over data elements like drug, sig, qty, TAR number, prescriber info from the existing rx. This function prevented us from having to reenter all data elements of the prescription when they have not changed. DigitalRx still shows these as, and they are technically, "new" prescriptions since a new prescription number and "written date" had been assigned. Dr. Hubbard's office moved far away from us a few years ago and Linda retired so we no longer fill either of their prescriptions. Also, now we currently verify licensing status on all prescribers not just physicians.

5) Accuracy of Medication Profiles and Labels: This is the same issue as #4 above and has the same explanation. Linda Lewis was listed as prescriber in error in the patients' profiles and on the labels.

CI 201986482 – This is a citation from 2019 for me as PIC at Douglas Park Pharmacy Long Beach CA. Please note that I work at more than one pharmacy. The CA board of pharmacy cited me for filling prescriptions from the same doctor's non-compliant prescription pads at this pharmacy as they had done at Alliance pharmacy, years earlier. This was done despite my attestation and reports showing we had stopped filling Dr. Ashokan's prescriptions at any of my pharmacies in 2016. That is, prior to me

receiving a citation for the same issue at Alliance pharmacy in 2017. The inspector ignored my argument that this citation was duplicative in that we had already stopped filling this doctors prescription years before based on inspection of another one of my pharmacies. Also, I filled 2 prescriptions that didn't have the prescriber's credential pre-printed on the prescription blank. She was new to the practice and had stamped her credentials on the practices multi-prescriber rx blank while waiting for the new pre-printed blanks to arrive. I verified all controlled substances with her by phone and/or fax. She subsequently did receive blanks with her name and credentials on the practice's multi-prescriber rx pads. I did not know that a stamp was not allowed for credentials. There was no fine associated with this citation. However, we no longer accept prescriptions for controlled substances with the prescriber information that is not pre-printed regardless of patients need or prescribers explanation.

AC7050 – This is a pending accusation for me as PIC of Alliance Pharmacy in Inglewood CA. I have retained counsel and intend to vigorously defend my practice. Please accept my attorney's response to the board's circumstantial allegations at the end of this document as my explanation. I would like to highlight some of the facts below:

1) We verify all initial controlled substance prescriptions with the prescriber office via phone and or fax. We often require prescriber fax us attestation of opioid tolerance and medical necessity
2) We verify all prescriber credentials (professional license, DEA registration, OIG exclusions) monthly
3) We check CA PDMP (CURES) prior to every fill of schedule 2 controlled substances
4) The controlled substance rxs without the watermark (one of over a dozen security features required in CA) from Dr. Khan were all filled prior to my initial citation in 2017 about this issue.
5) Nearly all patients on over 50 MEDD have a signed and fingerprinted pain contract.
6) Nearly all the prescriptions were billed through insurance and not "cash".
7) Nearly all patients on greater than 50 MEDD were prescribed Narcan by me.
8) None of the prescribers deny issuing any of these prescriptions
9) All the prescribers in question are still duly licensed and practicing medicine as of the last time I checked.

Please see the explanation for AC7050 on the following pages.

Please not that the citations were both closed. Since no fine was due for the 2019 citation I never received a resolution letter. I've included the resolution letter for the 2017 citation I'm happy to discuss these or any other matters at your convenience. I can be reached on my mobile at 714-319-4653 or by email.

Sincerely,

Joseph Cherian, PharmD, MBA
jvcherian@alliance-rx.com
mobile: [redacted]

CPL Law Firm
California Pharmacy Lawyers
Law Office of Tony J. Park, Inc., APC

July 2, 2020

Via Electronic Mail
Noelle Randall, Pharm.D.
Inspector
California State Board of Pharmacy
Noelle.Randall@dca.ca.gov

RE: NOTICE OF VIOLATION - CI 2018 82770
Alliance Pharmacy (PHY 51160), and Joseph V. Cherian (RPH 51944)
323 N. Prairie Ave., Ste. 100, Inglewood, CA 90301

Dear Inspector Randall:

We hereby submit this letter in response to your pending investigation in the above-referenced Notice of Violation (Notice) against our Clients, ALLIANCE PHARMACY (PHY 51160) (hereinafter "Pharmacy"), and JOSEPH CHERIAN (RPH 51944) (hereinafter "PIC Cherian"). We have hereto enclosed a copy of the Notice of Violation for reference (Exhibit A). In that Notice, you indicated that your investigation revealed our clients' apparent failure to comply with the laws governing the practice of pharmacy. But for reasons discussed below, we believe that the Pharmacy, PIC Cherian and its pharmacists acted within the standard of care and practice in relation to the furnishing of controlled substances, and did not deviate from the dictates of the law.

ALLEGED VIOLATIONS

(1) It is alleged in the Notice that the Pharmacy dispensed 61 controlled substance prescriptions written on 47 prescription documents from Dr. Khan, and 20 controlled substance prescriptions written on 12 prescription documents from Dr. Hubbard, which did not comply with the requirements of HSC § 11162.1. Particularly, the prescription forms lacked a "*California Security Prescription*" watermark. Furthermore, it is alleged that PIC Cherian was the dispensing pharmacist of record for 50 of these prescriptions.

Watermark Visibility

While we do not dispute the fact that the prescription forms used by the aforementioned prescribers did not contain all the legally required features, this error was brought about by the fact that such watermark is NOT very visible even if viewed in an angle, and this element can be very easily missed by any pharmacist. In some instances, it may even be necessary to use an Ultra Violet light ("blue light") device just to confirm the presence of the required watermark.

Prescription Verification

Office: 949.336.7854 • Fax: 949.336.2314 • Email:AVizcocho@CAPharmacyLaw.com
55 Cetus, 1st Floor, Irvine, CA 92618

But it should be noted that PIC Cherian had verified all the suspect prescriptions via phone and/or fax, and in fact, PIC Cherian even went so far as visiting the prescriber's office - Dr. Khan - unannounced to do a visual inspection of the premises. However, PIC Cherian was unable to speak with Dr. Khan during his visit because, at that time, Dr. Khan has not yet arrived at the office. He was expected to arrive within 30 minutes. Although he was invited to wait for him, PIC Cherian was unable to stay due to his own time constraints. However, based on PIC Cherian's personal observation, he did not see any "red flags" that would have alerted him about any issues with the prescriber's practice. In particular, PIC Cherian (1) did NOT see a crowd of patients in the waiting room, or anything unusual about the office staff, and (2) saw the prescriber's original DEA Permit and other official documents posted behind the reception desk. It is also important to note the fact our Clients have not filled any prescriptions from Dr. Khan in nearly three (3) years.

Regarding Dr. Hubbard, PIC Cherian had met him in person before on multiple occasions and he was very familiar with his office staff. And again, PIC Cherian had no viable reason to believe that there is anything irregular or suspicious about Dr. Hubbard and his clinic. But PIC Cherian notified Dr. Hubbard's office about this issue, and was informed that it may be an error with his prescription vendor, and indicated that they would get this matter reviewed for compliance. Furthermore, Dr. Hubbard's office has already moved to Carson, and our Clients have not filled any controlled substance prescription from him for about three (3) years now.

DOJ-Approved Printers

It is equally important to consider the technical nature of this issue regarding the required security features for controlled substance prescription forms. This is further complicated by the fact that based on PIC Cherian's evidence, at least as of January 2019, the California Department of Justice (DOJ) continues to approve prescription blank "proofs" for printers, which are noncompliant with all the statutory required security features. Particularly, the prescription forms that our Clients reviewed were missing, at least, the batch and form numbers, despite having the then newly required "DOJ Serial Number," which the printers produced based on the approved, but flawed, proofs. In fact, PIC Cherian made further inquiry about this deficiency, and he received a written response, via email, from the printing press that created the form, and the representative from DOJ security program that approved the proof (please see Exhibit B). Accordingly, the DOJ representative confirmed that the prescription forms were DOJ-approved, and the printing press is an authorized security printer.

While we recognize that this issue is not about the watermark, we posit that the absence of any security feature does not necessarily mean the prescription was illegitimately issued. Rather, the prescribers use, and pharmacies fill, the defective prescription forms with reasonable reliance that the printers submitted the correct printing proofs, and the approving agency had reviewed those proofs for compliance prior to authorizing the printing of the prescription documents. Therefore, the

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prescribers and the pharmacies should not be penalized for errors of other individuals or entities that caused the problem.

Furthermore, if the singular purpose of requiring the use of security forms is to prevent pharmacies from filling fraudulent prescriptions, then this goal was amply achieved by our Clients' direct confirmation of the orders with the prescribers. As such, we submit that our clients satisfied the substance of the law when they filled the prescriptions from Drs. Khan and Hubbard because they made the required verification of the orders, albeit the fact that they may have failed to identify all the required security features.

(2) It is also alleged in the Notice that, from 6/19/2016 to 6/19/2019, the Pharmacy and PIC Cherian dispensed 3,348 controlled substance prescriptions under the prescribing authority of Dr. Rahil Khan, Dr. Eugene Hubbard, Dr. Mark Glasberg, Dr. Young Yi, Dr. John Korzelius, PA Vinod Satya, and Dr. Dean Weiss, in the presence of objective factors suggesting the prescriptions were not legitimately prescribed. These prescriptions included 79,375 oxycodone 30mg tablets. Additionally, it is alleged that PIC Cherian was the dispensing pharmacist of record for 95% of the irregular controlled substance prescriptions from these prescribers. Including Dr. Hubbard, PIC Cherian verified over half of the prescriptions from those same prescribers.

(i). *Oxycodone 30 mg was the most commonly prescribed medication for Drs. Khan, Glasberg, Yi, Korzelius, Weiss, and PA Satya. For each prescriber, oxycodone 30 mg represented an unusual percentage of total prescribing at Alliance Pharmacy.*

While we acknowledge that our Clients filled a significant amount of narcotic pain medications, it is important to consider the fact that PIC Cherian has a clinical interest in pain management, and he has positioned Alliance Pharmacy as a pain management pharmacy. PIC Cherian has been a member of the American Academy of Pain Medicine since 2018 (see Exhibit M), has been certified to provide Naloxone, and is working on getting an American Society of Health-System Pharmacists (AHSP) Certificate in Pain Management. PIC Cherian sincerely believes that patients in chronic pain, especially if they are African American, are being ill-served by the pharmacy profession amidst the controlled substance abuse epidemic. Most chain pharmacies and many independent pharmacies will simply reject patients who present prescriptions for Percocet 10/325, Norco 10/325, Oxycodone 30mg, and other highly-abused controlled substances prior to doing any due diligence. This is supported by the increase in consumer complaints to the Board regarding this very issue. PIC Cherian does not consider being in severe pain to be a "red flag" or an irregularity. Instead, PIC Cherian always does his best perform the necessary prescription verification and inquiry in order to serve those patients who genuinely need pain medications (please see Exhibit C for the sequential steps in the Pharmacy prescription verification process, as stated in PIC Cherian's previous statement to the Board dated July 17, 2019).

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Also, to ensure the safety of his patients, he requires they sign a pain agreement with the pharmacy, and routinely prescribes naloxone himself based on the patient's opioid dosage and/or other risk factors. Please see Exhibit K incorporated herein by reference, which contains a copy of PIC Cherian's Naloxone Training Certificate, and Exhibit L for a copy of the Pharmacy Pain Management Agreement.

(ii). *A sampled portion of the prescriptions from Dr. Hubbard and Khan were invalid in that they were written on prescription documents which lacked required security features.*

Please see our discussion in section (1) above.

(iii). *The offices of Drs. Khan, Korzelius, Weiss, and PA Satya were more than 15 miles from Alliance Pharmacy.*

We agree with your conclusion that the offices of these prescribers were located more than fifteen (15) miles from the Pharmacy. But we dispute the notion that the pronounced distance between the offices and the Pharmacy is a red flag in this case.

(a) Dr. Khan

We reiterate that PIC Cherian and the Pharmacy had an established working relationship with Dr. Khan and his clinic, and they have filled prescriptions from him on multiple occasions, which were appropriately verified.

(b) Dr. Korzelius and PA Satya

These prescribers have multiple offices. Particularly, their Santa Ana office is about 40 miles from the Pharmacy, but the Inglewood office on Hardy Street is very close to our clients' location. Please note that their patients have the option to choose whichever office location for their checkup and appointments. Please see Exhibit D incorporated herein by reference, which contains information about the prescribers' office locations, as retrieved from their website.

(c) Dr. Weiss

Dr. Weiss' office was formerly located in Alhambra, which is about 20 miles from the Pharmacy, but his current office is in Downtown Los Angeles, which is only about 11 miles away. But regardless of the distance of the previous and current office from the Pharmacy, it has been out clients' invariable practice to verify prescriptions if there appears to be any irregularity or red flag present. Please see Exhibit E incorporated herein by reference, which contains record of PIC Cherian's validation of new location with Dr. Weiss.

All of the prescriber's offices in question may be located more than 15 miles away from the Pharmacy, but this does not change the fact that they are still within the Los Angeles County area, and it is not unusual for anyone to drive more than 15 miles to, and from, any location once or twice a month to see their clinician. We believe that the

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15-mile limitation is an arbitrary standard, and we are not aware of any statue or regulation that expressly sets that distance. It should also be noted that the patients that our clients served, which were seen by these prescribers, live within our clients' service area, and the distance factor was inconsequential. However, our clients do NOT fill prescriptions if the office is unreasonably far from the Pharmacy, such as Fontana. Please see Exhibit F for a copy of the denied prescription due to unresolved red flag of distance.

(iv). *Drs. Khan, Glasberg, Yi, Korzelius, Weiss, and PA Satya prescribed immediate release oxycodone almost exclusively in the highest available strength. Dr. Hubbard prescribed hydrocodone/acetaminophen almost exclusively in the highest available strength.; Most of the patients of Drs. Khan, Glasberg, Yi, Korzelius, Weiss, and PA Satya received at least one prescription for oxycodone 30 mg tablets.*

We believe these findings can be attributed to the adverse selection of patients because of the fact that other pharmacies turn away the higher dose prescriptions, and the Pharmacy would end up filling those frowned upon orders. However, our Clients treat every prescription with the same degree of importance, and subject to the necessary scrutiny prior to filling a controlled substance prescription.

(v). *Dr. Khan and Dr. Glasberg's prescribing was incongruent with their self-reported areas of practice on the Medical Board of California's online database.*

We disagree. We are not aware of any specific legal requirement that chronic pain patients must be treated by a board-certified pain specialist only. As you may know, one (1) in every five (5) people in this country have a chronic pain condition, and it is impossible for all patients requiring some sort of treatment be seen by the few pain specialists in and around their local area. We see no objective reason why a family medicine physician (per NPI), like Dr. Rahil Khan, could not treat chronic pain patients if he has an interest in pain management. Conversely, Dr. Glasberg is a neurologist, and as such, he routinely treats chronic pain patients that may have underlying neurological condition.

Also, prior to verifying any Schedule II (CII) prescription, PIC Cherian checks the status of prescribers' medical licenses to ensure they are clear and no disciplinary actions pending, and PIC Cherian also verifies the validity of their DEA registration for prescribing controlled substances in Schedule II, as well as Schedules III, IV, and V. Please note that both physicians have unencumbered medical license and DEA permit.

However, if there were instances where the prescriber's practice specialization is really incongruent with the medication prescribed and the condition being treated, then PIC Cherian would reach out to the prescriber in order to resolve the red flag. In fact, PIC Cherian recalls such a case where the prescriber, Dr. Troy Williams, was an "OB-GYN" specialist, but the prescription was issued for a chronic pain patient, which facially

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appears to be irreconcilable with the prescriber's practice. But PIC Cherian was able to resolve this "red flag" after talking to the prescriber on the phone. Please see Exhibit G incorporated herein by reference, which contains the record of PIC Cherian's inquiry with Dr. Troy Williams.

(vi). *There were numerous instances when Alliance Pharmacy processed multiple similar or identical prescriptions from these prescribers on the same day.*

Our clients have no control in the apparent similarity of prescription processing date for most prescriptions because this is a function of: (1) when the prescriptions are due for a fill or refill, (2) when the Pharmacy has the medication in stock, (3) when the office verifies the order (if verification is needed), and (4) when PIC Cherian is available to process the prescriptions. Therefore, having multiple prescriptions from the same prescriber processed on the same day is not unusual, but a recurring theme in most retail pharmacies. Furthermore, most prescribers acquire certain prescribing patterns and drug preferences after some time in practice, which would explain the similar or identical prescriptions issued by one prescriber to different patients. In addition, none of these prescribers exclusively prescribed controlled substances only. In fact, the majority of their prescribing is for non-controlled substances including NSAIDS, and other oral or topical adjunct therapies for pain management. It is important to note that none of the prescribers in question appeared to be writing for "cocktails" of medications that are typically used for abuse as the "Trinity" or "Holy Trinity." Please see the attached Excel spreadsheet entitled: "*Percentage of Rxs by Schedule Breakdown.xlsx*," which contains the aforementioned prescription data.

(3) It is further alleged in the Notice that patients at Alliance Pharmacy initiated opioid therapy on unusually high doses, despite the prescription record at the Pharmacy and CURES record suggesting the patients were opioid naïve. Furthermore, it is alleged in the Notice that the dispensing record listed PIC Cherian as the dispensing pharmacist for all the suspect prescriptions.

Our Clients checked the CURES records on all CII prescriptions to prevent pharmacy or doctor shopping, but do not solely rely on it to determine patient's opiate tolerance for the following reasons:

(i). Some pharmacies do not transmit CURES data consistently, which is one of the top 10 citations issued by the Board, per the latest issue of The Script (please see Exhibit H, page 4).
(ii). Even if the data is transmitted weekly, the CURES Patient Activity Report (CURES-PAR) may still not show prescription fill information due to software glitches and lag in the data update.
(iii). CURES does not capture controlled substance prescriptions from inpatient settings.
(iv). CURES does not take into account the controlled substance medications that individuals taken from their family or acquaintances. Especially in areas where

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there is low health literacy, such as Alliance Pharmacy's community, self-treatment for pain is rife and common.

Furthermore, our Clients' verification fax sheets requires the prescriber to attest that: (1) the patient was seen in their office, (2) is opioid tolerant, (3) the prescription is medically necessary, and (4) the Pharmacy is authorized to fill the order. Please see Exhibit I for examples of prescription validation and inquiry on the alleged opioid naïve patients, and which are also discussed below.

- 11/7/2016 / Rx 186548 - This prescription was issued by pain specialist, and verified by fax with attestation letter stating that the medication is clinically necessary.

- 2/6/2018 / Rx 223570 - Patient is in severe pain had been treated with Norco 10/325mg.

- 2/23/2018 / Rx 224029 - Prescriber's agent verified medical diagnosis and clinical necessity of prescribed drug via phone, as noted on the prescription hardcopy.

- 2/26/2018 / Rx 224087 - Prescriber verified the legitimacy of the prescription and provide the patient's medical diagnosis, and confirmed that the patient had previously tried lower dosages.

- 4/9/2018 / Rx 227564 - Prescriber's agent verified medical diagnosis and clinical necessity of prescribed drug via phone.

- 4/13/2018 / Rx 228177 - Prescriber, Dr. Amir Friedman, is a pain specialist, and this prescription was verified with prescriber's agent.

- 5/14/2018 / Rx 230504 - Prescriber, PA Vinod Satya, confirmed in writing, via faxed form, that patient is opiate tolerant.

- 5/14/2018 / Rx 230574 - This patient had previously received opiate pain medication from the Pharmacy, and the prescriber also attested to current opiate tolerance via faxed form.

- 5/15/2018 / Rx 230826 - This prescription was verified via phone with the prescriber's agent, and the Pharmacy also received the faxed attestation of medical necessity and patient's opioid tolerance from the prescriber.

- 7/5/2018 / Rx 235228 - Our Clients verified this prescription by obtaining the medial diagnosis, and securing the signed attestation regarding the patient's opioid tolerance via faxed form.

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- 7/5/2018 / Rx 235238 - Our Clients verified this prescription by obtaining the medial diagnosis, and securing the signed attestation regarding the patient's opioid tolerance via faxed form.

- 8/9/2018 / Rx 238218 - This prescription was initially verified via phone with the prescriber's agent, and subsequently received prescriber's signed attestation confirming patient is opioid tolerant.

- 8/14/2018 / Rx238644 - This prescription was initially verified via phone with the prescriber's agent, and subsequently received prescriber's signed attestation on 08/17/18 confirming patient is opioid tolerant.

- 9/4/2018 / Rx 24055 - This prescription was verified via phone with the prescriber's agent on 09/14/18, and subsequently received prescriber's signed attestation on confirming patient is opioid tolerant. The CURES-PAR was also attached to the prescription document, which patient was previously on another opiate (Norco).

- 9/6/2018 / Rx 240759 - Our Clients verified this prescription by obtaining the medial diagnosis, and securing the signed attestation regarding the patient's opioid tolerance via faxed form.

- 9/11/2018 / Rx 241049 - This prescription was verified via phone with the prescriber's agent who indicated that the patient had previously taken Norco.

- 11/28/2018 / Rx 249172 - This prescription was initially verified via phone with the prescriber's agent, and subsequently received prescriber's signed attestation confirming patient is opioid tolerant.

(4) It is also asserted in the Notice that, while pharmacists at Alliance Pharmacy documented verification steps related to prescriptions from these prescribers, the Pharmacy and its pharmacists failed to fulfill their corresponding responsibility by failing to resolve the irregularities and red flags related to the prescriptions described.

We earnestly disagree with this conclusion. As you already know, the standards of corresponding responsibility and the Board's expectations in this area have been clearly articulated in the Precedential Decision No. 2013-01, *In the Matter of the Accusation against Pacifica Pharmacy; Thang Tran,* Board of Pharmacy Case No. 3802, OAH No. 2011010644, and in many subsequent cases. The *Pacifica* decision clearly established the pharmacist's duty to conduct a reasonable inquiry into the legitimacy of the prescription in the presence of one or more factors considered to represent "Red Flags."

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Here, our Clients fulfilled their corresponding responsibility because they presented an abundance of evidence showing they performed their due diligence, and made reasonable inquiry when faced with the indicators of potential abuse and/or diversion of controlled substances, as evidenced by the verification notes on the prescription documents and signed prescriber's attestation forms (Exhibit I). Conversely, our Clients declined to fill those prescriptions that were found to be issued NOT for legitimate medical purposes, and when one or more red flags or factors of irregularity remained unresolved (please see Exhibit J for a copy of rejected prescriptions, in which instances the Pharmacy and PIC Cherian were unable to resolve the red flags or irregularities).

CONCLUSION

We hope that the presented information herein has resolved any concerns that you or the Board of Pharmacy may have harbored regarding the operational compliance of Alliance Pharmacy and PIC Joseph Cherian. Please feel free to contact us anytime should you have any question or for more information on this matter.

Sincerely,

X _____

Luis Andre P. Vizcocho, R.Ph., J.D.
Tony J. Park, Pharm.D., J.D.
Attorneys-at-Law
Counsel for Alliance Pharmacy (PHY 51160) and Dr. Joseph Cherian, Pharm.D. (RPH 51944)

Cc: Joseph Cherian, Pharm.D., *Alliance Pharmacy*

Enclosures: Notice of Violation
Email correspondence from printing press and DOJ security program representative
BOP Statement regarding prescription verification process
Validation Documents and Information for Drs. Korzelius and Weiss
Denied prescriptions with unresolved red flags and irregularities
Prescription verification with Dr. Troy Williams
The Script Issue
Inquiry notes and prescriber's attestation letters regarding allegedly opioid naïve patients
PIC Cherian's Naloxone Training Certificate, Pain Management Agreement, and AAPM membership approval

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9

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: Orlandis Middle: Lamar Last: Wells

Practice Name (if any): Hormone Therapy Institute

Nevada Address: 9065 South Pecos Road Suite #: 240

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Henderson State: NV Zip Code: 89074

PO Box: _____ SS# or ITIN [redacted]

E-mail address: [redacted]

Work Telephone: (702) 568-6108 Personal Phone: [redacted]

Fax: _____ Degree: Medical Doctor (MD)

Date of Birth: [redacted] Sex: ☒ M or ☐ F

Practitioner License Number: 10558 OK 4-6-2020 Specialty: Gynecology

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ...	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☐	☒

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & **provide an explanation and documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	8-21-2019	2:19cr-216	Clark	US District 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.

Original Signature, no copies or stamps accepted. 3-25-2020 Date

Board Use Only: Date Processed: _____ Amount: _____

FILED
OCT 09 2019
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 19-211-CS-S**
	)	
Petitioner,	)	
v.	)	**VOLUNTARY SURRENDER OF**
	)	**REGISTRATION IN LIEU OF**
ORLANDIS L. WELLS, M.D.,	)	**HEARING AND OTHER**
Certificate of Registration No. CS11877,	)	**DISCIPLINARY ACTION**
	)	
Respondent.	/	

I, ORLANDIS L. WELLS, M.D., Certificate of Registration No. CS11877, wish to voluntarily surrender my Nevada controlled substance registration, Certificate of Registration No. CS11877, in lieu of appearing before the Nevada State Board of Pharmacy (Board) at a formal disciplinary hearing on October 9, 2019, in Las Vegas, Nevada. To that end, I voluntarily and knowingly admit as follows:

1. I was registered with the Board at the time of the conduct described in the *Notice of Intended Action and Accusation* (Accusation) on file in this matter and as referenced herein. I am therefore subject to the Board's jurisdiction.

2. On or about September 11, 2019, the Board filed the Accusation pursuant to NRS 639.233B.127(3), NRS 622A.300(1) and NRS 639.241, alleging three (3) causes of action against me. Two of those causes of action relate to unlawful conduct in failing to comply with Federal requirements pertaining to controlled substances. The third cause of action alleges that on or about on August 22, 2019, I surrendered my DEA Certificate of Registration No. BW828983.

3. If this matter proceeded to a hearing, I admit that sufficient admissible evidence exists that the prosecutor could present to the Board in the form of testimony from witnesses and through documentary evidence to prove the facts alleged in the Accusation.

4. Based on those facts, the Board could conclude that the violations alleged in the Accusation occurred, including:

a. On August 22, 2019, I surrendered my DEA Certificate of Registration No. BW8208983 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause), and

b. By executing the DEA Surrender for Cause, I 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.

5. In response to the allegations in the Accusation, I hereby voluntarily surrender my Nevada Certificate of Registration No. CS11877.

6. I have read this Voluntary Surrender and I fully understand and acknowledge its facts and terms.

7. I am aware of, understand, and have been advised of the effect of this Voluntary Surrender.

8. I am aware that I have certain constitutional rights, including:

a. I have the right to hire an attorney to represent me in this proceeding;

b. I have the right to demand a hearing on the charges against me, and I can require the Board Staff to prove the allegations;

c. I have the right to cross-examine the witnesses against me;

d. I have the right to call witnesses to provide evidence in my own behalf; and

e. I have other rights accorded to me under NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), NRS Chapter 639 (Nevada Pharmacy Act), and Chapter 639 of the Nevada Administrative Code.

9. I am aware of the foregoing rights, and I voluntarily, knowingly, and intelligently waive these rights in return for the Board accepting this Voluntary Surrender of my Nevada Certificate of Registration No. CS11877 in lieu of a hearing and other and/or additional disciplinary action.

10. I understand this Voluntary Surrender is considered a disciplinary action pursuant to NRS 233B.121(6), and as such will become part of my permanent record.

11. I understand that as a disciplinary action this Voluntary Surrender is a public record in accordance with NRS 639.255(5).

12. I understand that as a disciplinary action this Voluntary Stipulation is reportable to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60, and to other national repositories that record disciplinary action taken against licensees or certificate holders, or to any agency of another state which regulates the practice of pharmacy.

13. I understand this Voluntary Surrender may be used in any subsequent hearings by the Board as evidence against me to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

14. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or civil penalties or sanction or other remedies that may be applicable under federal, state or local laws.

15. I understand that this Voluntary Surrender is effective the day it is accepted by the Board, however, I agree to immediately cease and desist from prescribing any controlled substance pursuant to my Certificate of Registration No. CS11877.

16. I will immediately return my Nevada Certificate of Registration, No. CS11877, with this signed Voluntary Surrender of License In Lieu of Other Disciplinary Action, to the extent I have that certificate/registration in my possession.

17. If at any time I seek to obtain a new license or registration with the Board, I may be required to appear before the Board, which may ask me questions regarding my application,

the allegations in this action, and/or any other circumstances surrounding the voluntary surrender of my registration.

I, ORLANDIS L. WELLS, M.D., Certificate of Registration No. CS11877, by affixing my signature below, agree with the foregoing facts and representations, and therefore choose to voluntarily surrender my Nevada Certificate of Registration No. CS11877.

SIGNED this 4 day of October 2019.

ORLANDIS L. WELLS, M.D.
Certificate of Registration No. CS11877

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby accepts the voluntary surrender of ORLANDIS L. WELLS, M.D., Certificate of Registration No. CS11877, in Case No. 19-211-CS-S, in lieu of a hearing and other or additional discipline. The Board hereby orders that the terms of the foregoing voluntary surrender be made effective upon execution below.

10/9/19
Dated

Kevin Desmond, President Pro Tempore
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 October, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Orlandis L. Wells, M.D.
[redacted] S. Pecos Rd. #240
Henderson, NV, 89074

SHIRLEY HUNTING

10

10A

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: Complete Care Pharmacy

Physical Address: 1090 E. Desert Inn Rd., Ste. 204

City: Las Vegas NV State: Zip Code: 89109 Telephone: ~~pending~~ (702) 483-2243

Fax: pending Toll Free Number: NA

E-mail: licensure@receptrx.com

Website: _____

Managing Pharmacist: Janice Rose License Number: 13727 Verified 7/26/21

TYPE OF PHARMACY AND SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

Basil Blake
Print Name of Authorized Person

05/13/2021
Date

Board Use Only	Date Processed:	Amount: 500 Check # 0002362105

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: Complete Care Pharmacy and Medical Supplies, Inc.

Mailing Address: 1620 W. Northwest Hwy., Suite 100

City: Grapevine State: TX Zip: 76051

Telephone: 817-572-0009 x20109 Fax: 817-720-1039

Contact Person: Tammie Miskimins or Clarence Green

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 8:00 am 5:00 pm Saturday 8:00 am 12:00 pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: B202102121428922

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Basil Blake

Responsible Person of Complete Care 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

Basil Blake
Print Name of Authorized Person

05/13/2021
Date

Managing Pharmacist

Pharmacist Name: Janice Rose License #: 13727

Pharmacy Name: Complete Care 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>)

designate Quarantine area

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 5-14-21

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Complete Care Pharmacy & Medical Supplies Incorp.**, 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 02/12/2021, 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 05/20/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202105201686151
You may verify this certificate online at http://www.nvsos.gov

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

02/12/2021

Work Order Item Number:	W2021021201283 - 1127338
Filing Number:	20211234800
Filing Type:	Articles of Incorporation-For-Profit
Filing Date/Time:	02/12/2021 17:02:29 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E12348012021-5

Entity Name: Complete Care Pharmacy & Medical Supplies Incorp.

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent
Basil Blake
7728 Lots Hill Drive , Las Vegas, NV 89179, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

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202 N. Carson Street
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2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

02/12/2021

Work Order Item Number:	W2021021201283 - 1127339
Filing Number:	20211234802
Filing Type:	Initial List
Filing Date/Time:	02/12/2021 17:02:29 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E12348012021-5

Entity Name: Complete Care Pharmacy & Medical Supplies Incorp.

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent
Basil Blake
7728 Lots Hill Drive , Las Vegas, NV 89179, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Complete Care Pharmacy

Officer:
Basil Blake
[redacted] South Eastern Avenue [redacted]
Henderson, NV 89052

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Complete Care Pharmacy

Physical Address: 1090 E. Desert Inn Rd., Suite 204

City: Las Vegas State: NV Zip: 89109

Mailing Address (if different from physical address): 1620 W. Northwest Hwy., Suite 100

City: Grapevine State: TX Zip: 76051

Telephone: 702.983.2243 Website:

Licensing Company Email: licensure@receptrx.com

Section 2: Personal Information

First: Basil Middle: Shawn Last: Blake

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] South Eastern Avenue, [redacted]

City: Henderson State: NV Zip: 89052

Telephone: [redacted] Email: [redacted]

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.)	YES	
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.)		NO
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.)		NO

Date of Service: From: 1) 12-1978 2) 05-1984 to: 01-1983 07-1992

Military Occupation/Specialty: 1) INfantry Mortarman 2) FIELD ARTillery Surveyor

Branch: ☒ Army/Reserves (2) ☐ Navy/Reserves ☐ Airforce/Reserves ☒ Marine Corps/Reserves (1) ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		NO
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BSB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
EDGEWOOD HIGH SCHOOL			08/1974	06/1978
Address	**City**	**State**	**Zip**	
10 COOPERS FOLLY ROAD	TANSBORO	NJ	08004	
Diploma/Degree obtained, if any				
DIPLOMA				

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2014–PRESENT	[redacted] LOTS HILLS DRIVE #2312	LAS VEGAS	NV	89179
08/2010–04/2014	2951 SIENA HEIGHTS DR #926	HENDERSON	NV	89052
07/2008–08/2010	1800 GREEN VALLEY PKWY	HENDERSON	NV	89074
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
BLAISE SECURITY LLC., NV PILB # 2162			07/2016 - PRESENT
Business Address	**City**	**State**	**Zip**
7728 LOTS HILLS DR	LAS VEGAS	NV	89179
Phone	**Title**		
702 306 6579	OWNER - Qualifying AGENT		
Description of Duties	OVER ALL OPERATIONS OF SECURITY COMPANY. Qualifing AGENT WITH STATE OF NEVADA		

Business Name			From - To (MM/YY – MM/YY)
THE Cosmopolitan OF LAS VEGAS			09/2010 - 02/2018
Business Address	**City**	**State**	**Zip**
3708 LAS VEGAS BLVD SOUTH	LAS VEGAS	NV	89109
Phone	**Title**		
702-698-7000	SECURITY BIKE OFFICER (LEAD)		
Description of Duties	ASSIST Management IN DAY TO DAY SHIFT OPERATIONS, ESCORT OFFICER FOR VIPs, and High Profile GUESTS. Patrol All properties AS DIRECTED.		

Business Name			From - To (MM/YY – MM/YY)
THE BROOKLYN BOWL OF LAS VEGAS			10/2014 - 07/2015
Business Address	**City**	**State**	**Zip**
3545 LAS VEGAS BLVD SOUTH	LAS VEGAS	NV	89109
Phone	**Title**		
702-694-3734	VENUE SECURITY		
Description of Duties	STAGE AND GREEN ROOM SECURITY. Protect the Privacy of Performers, their families and property		

Business Name			From - To (MM/YY – MM/YY)
THE SMITH CENTER FOR THE PERFORMING ARTS			03/2012 - 04/2013
Business Address	**City**	**State**	**Zip**
361 SYMPHONY PARK AVE	LAS VEGAS	NV	89102
Phone	**Title**		
702-749-2234	BIKE Patrol OFFICER		
Description of Duties	SAfety of STAFF, PERFORMERS, VIPS AND PATRONS. SECURITY OF campos DURING THE Graves Shift.		

Business Name			From - To (MM/YY – MM/YY)
MGM, CIRCUS CIRCUS			07/2007 - 12/2010
Business Address	**City**	**State**	**Zip**
2880 LAS VEGAS BLVD SOUTH	LAS VEGAS	NV	89109
Phone	**Title**		
702-734-0410	RELIEF MANAGER, FIELD TRAING OFFICER		
Description of Duties	COVER MgT FOR Days OFF. TRAINING OFFICER FOR BIKE PATROL, 1ST AID/CPR. MAINTAIN TRAINING RECORDS, BASIC FIREARMS INSTRUCTION)		

Continue on next page if additional space is needed.

Applicant's initials PS

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		BS
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		BS
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		BS
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	BS	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		BS
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	BS	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		BS
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		BS
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		BS
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		BS

Applicant's initials BS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
15 JAN 2013		NV	LAS VEGAS	CLARK
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-13-675007-C		EIGHT JUDICAL DISTRICT COURT		
Reason/Charge				
CLASS ACTION				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
BLAKE AND JAMES SETTLEMENT Class				
Name of Business/Industry/Entity				
NEVADA PROPERTY 1 LLC				

Provide explanation below: COMPANY FAILED TO PAY HOURLY EMPLOYEES FOR ALL TIME WORKED.

Original Signature (electronic, copies or stamps not accepted)

07/06/2021
Date

Applicant's initials

JONES LAW FIRM
9585 Prototype Ct. Suite B
Reno, NV 89521
Phone (775) 853-6440
Fax (775) 853-6445
www.cjoneslawfirm.com

CHARLES A. JONES
CA Bar No. 224915
NV Bar No. 6698
CO Bar No. 36463
NY Bar No. 4415691

KELLY MCINERNEY
CA Bar No. 200017
NV Bar No. 7443

August 30, 2013

BASIL S BLAKE
2951 SIENA HEIGHTS DR # 2312
HENDERSON NV, 89052

RE: Cosmopolitan Security Officer Unpaid Wages Class Action

Dear BASIL S BLAKE,

You are receiving this letter because the Cosmopolitan of Las Vegas' records indicate that you may be a potential class member in a class action lawsuit pending against the Cosmopolitan on behalf of **all hourly Security Officers employed by the Cosmopolitan between December 15, 2010 and May 19, 2013**. The name of the case is **Basil Blake and Aaron James v. Nevada Property 1, LLC** (Case No. A-13-675007). This case was filed in Nevada state court – the Eighth Judicial District Court of Nevada In and For Clark County – on January 15, 2013. This case only involves hourly Security Officers employed by the Cosmopolitan during the dates listed above.

The case alleges that the Cosmopolitan failed to pay its hourly Security Officers for all time worked. Specifically, the case alleges that the Cosmopolitan failed to pay its hourly Security Officers for "off the clock work" associated with the time it took Security Officers to wait in line to and actually check in/out the tools and equipment necessary to perform their job (radio, keys, Itouch, safecracking tools) and to travel to and from the garment district both before the security officers formally clocked in and after the security officers clocked out. The case also alleges that the Cosmopolitan failed to pay its security officers for time spent attending pre-shift briefings before their scheduled shift start time. The case seeks unpaid wages for all hourly Security Officers employed by the Cosmopolitan during the time frame noted above. Cosmopolitan changed its pay practices after this lawsuit was filed.

We are pleased to inform you that the parties have reached a tentative settlement in this case which, subject to court approval, will provide substantial monetary compensation for all hourly

(cont'd on back...)

Security Officers employed by the Cosmopolitan between December 15, 2010 and May 19, 2013. The parties will be filing a motion for approval of this settlement with the Court shortly. If the settlement is preliminarily approved by the Court, you will be receiving a formal notice approved by the Court explaining the terms of the settlement and your legal rights to make a claim for money, object to the settlement and/or exclude yourself from the settlement.

If you have any questions about this case, please don't hesitate to contact us at 775-853-6440. You can also submit any questions about this case to us through our web site www.cjoneslawfirm.com. I look forward to hearing from you.

Sincerely,

JONES LAW FIRM

Charles A. Jones, Esq.
Attorneys for Basil Blake and Aaron James

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 7. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
March 2, 2016		NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		NV. PRIVATE INVESTIGATORS LICENSING BOARD		
Reason/Charge				
APPLICATION PROCESS FOR BLAKE SECURITY LLC #2162				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below: VIDEO BOARD CONFERENCE AND LIVE QUESTIONING FROM BOARD OF DIRECTORS.

Original Signature (electronic, copies or stamps not accepted)

07/06/2021
Date

Applicant's initials

State of Nevada

Private Investigator's Licensing Board

Board Members

Mark Zane, Chairman
Jim Colbert
Raymond Flynn
Peter Maheu
Jim Nadeau

Kevin Ingram, Executive Director

3110 S. Durango Drive, Suite 203
Las Vegas, Nevada 89117
Telephone: (702) 486-3003
Fax: (702) 486-3009
pilbinfo@ag.nv.gov
www.nevadapiboard.org

PRIVATE INVESTIGATOR'S LICENSING BOARD

The Private Investigator's Licensing Board of the State of Nevada is scheduled to hold its regularly scheduled meeting:

DATE: **Wednesday, March 2, 2016**

Board meetings are held at the following locations and connected through videoconferencing (Board Members and Staff are present in both locations):

Northern Nevada:

Office of the Attorney General
100 North Carson Street
Mock Court Room
Carson City, Nevada 89701

Southern Nevada:

Grant Sawyer State Office Building
555 E. Washington Ave
Attorney General Conference Room, Suite 4500
Las Vegas, Nevada 89101

TIME: **9:00 a.m.**

1. Roll call of Board Members

2. **Public Comment**
   Members of the general public may comment on matters appearing on the agenda and may bring matters not appearing on the agenda to the attention of the Board. The Board may discuss the matters not appearing on the agenda, but may not act on the matters at this meeting. If the Board desires, the matters may be placed on a future agenda for action. Public comments may be limited to 5 minutes per person at the discretion of the Chairman but will not be restricted according to viewpoint.

   Note: In addition to Public Comment taken at the beginning and end of the meeting, Public Comment may be accepted after each agenda item prior to the Board taking action.

3. Review current financial report

4. Review and approve minutes from December Board meeting *"for possible action"*

5. All applicants, witnesses and attendees that will be providing testimony to be sworn in

ITEMS CARRIED OVER FROM DECEMBER BOARD MEETING

6. Omni & Associates Global, Inc. is applying for a new corporate Private Patrolman license. Adrien M. Muya is applying for a new individual Private Patrolman license. If approved, he is requesting that his individual license be placed into abeyance so that he may become the qualifying agent. Corporate Officer to be approved is Adrien M. Muya. This is subject to all statutory and regulatory requirements. "for possible action"

CORPORATE OFFICER

7. Examination Management Services, Inc., dba, ICS Merrill, license number 751, is seeking Corporate Officer approval for James D. Calver, Gregory A. Moerschel, and Matthew T. Phillips. This is subject to all statutory and regulatory requirements. "for possible action"

8. Sedgwick Factual Photo, Inc., license number 1658, is seeking Corporate Officer approval for Henry C. Lyons and Stephen R. Hurley. This is subject to all statutory and regulatory requirements. "for possible action"

CHANGE OF LICENSING STATUS – QUALIFYING AGENT, EXISTING CORP

9. Steven C. Thompson is requesting a change in licensing status. Mr. Thompson is requesting to transfer his qualifying agent status from Thompson Security Corp. License Number 1310 to Vander Protective Services, LLC, license number 1847B. This is subject to all statutory and regulatory requirements. "for possible action"

10. Randall M. Powers is requesting a change in licensing status. Mr. Powers is requesting that his individual license, license number 1372 be kept in abeyance so that he may become the qualifying agent for Total Security Solutions, Inc., license number 1650. This is subject to all statutory and regulatory requirements. "for possible action"

11. Carl H. Thomas is requesting a change in licensing status. Mr. Thomas is requesting that his individual license, license number 1877B be kept in abeyance so that he may become the qualifying agent for Thomas Protective service, Inc., license number 1309. This is subject to all statutory and regulatory requirements. "for possible action"

12. Douglas L. Florence is requesting a change in licensing status. Mr. Florence is requesting that his individual license, license number 1672, be kept in abeyance so that he may become the qualifying agent for BestMark, Inc., license number 1095. This is subject to all statutory and regulatory requirements. "for possible action"

Private Investigators Licensing Board

State of Nevada

This is to Certify that after the applicant named herein has properly submitted the required application, passed the State of Nevada written examination and has come before this professional licensing board in person for proper review of professional experience in the area of interests. Let it be known that

Blake Security, LLC

BASIL BLAKE/Qualifying Agent

is hereby permitted, granted and entitled the privilege of conducting the business of

Private Patrolman

License # 2162B

This certificate is issued pusuant to Chapter 648, Statutes of Nevada as amended. This certificate / professional license is valid from

June 30, 2017 - June 30, 2018

Chairman

Executive Director

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.

BASIL BLAKE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/20/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Basil Shawn Blake., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/20/2021

Date

Subscribed and Sworn to before me this 20 day of July 2021.

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
Ethel Amaya
My Appointment Expires
April 21, 2025
No. 21-8709-01

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Complete Care Pharmacy

Physical Address 1090 E. Desert Inn Rd., Suite 204

City Las Vegas State NV Zip 89109

Mailing Address (if different from physical address) 1620 W. Northwest Hwy., suite 100

City Grapevine State TX Zip 76051

Telephone 817-572-0009 Website

Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First Janice Middle Last Rose

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Ambermill Ct.

City Henderson State NV Zip 89052

Telephone [redacted] Email [redacted]

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Univ. of Colorado – HSC		09/94 – 05/97	
Address	**City**	**State**	**Zip**
13001 E 17th Pl.	Aurora	CO	80045
Diploma/Degree obtained, if any	B.S. Pharmacy		

School Name		From - To (MM/YY – MM/YY)	
HP Baldwin High		09/79 – 06/83	
Address	**City**	**State**	**Zip**
1650 Kaahumanu Ave	Wailuku	HI	96793
Diploma/Degree obtained, if any	H.S. grad. Diploma		

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/13 – 07/21	[redacted] Ambermill Ct.	Henderson	NV	89052
10/06 – 05/13	4087 Syracuse Dr	Las Vegas	NV	89119

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Empire Pharmacy Consultants			From - To (MM/YY – MM/YY): 05/21 – Present	
Business Address: 936 SW 1st Ave	City: Miami		State: FL	Zip: 33130
Phone: 855-374-1029	Title: Pharmacist			
Description of Duties: on-call RPh				

Business Name: All City Pharmacy			From - To (MM/YY – MM/YY): 09/20 – 11/20	
Business Address: 821 N Lamb Blvd Ste 5	City: Las Vegas		State: NV	Zip: 89110
Phone: 702-834-7704	Title: PIC			
Description of Duties: pharmacist in charge, manage pharmacy, fill RX's Counsel pts.				

Business Name: Pima Medical Institute			From - To (MM/YY – MM/YY): 04/19 – 09/20	
Business Address: 3333 E Flamingo Rd	City: Las Vegas		State: NV	Zip: 89119
Phone: 702-458-9650	Title: Instructor			
Description of Duties: Teach CPhT students				

Business Name: Omnicare LTC			From - To (MM/YY – MM/YY): 11/16 – 06/18	
Business Address: 1525 E Sunset Rd Ste #15	City: Las Vegas		State: NV	Zip: 89119
Phone: 702-407-0124	Title: Pharmacist			
Description of Duties: closed, LTC pharmacy duties, ABX dosing, TPN dosing IV admixtures, fill RX's, and assist RN's w/ DUR's				

Business Name: Evergreen Pharmacy			From - To (MM/YY – MM/YY): 11/[illegible] to 09/18	
Business Address: 10001 S Eastern Ave Ste 105	City: Henderson		State: NV	Zip: 89052
Phone: 702-269-1374	Title: on Call RPh			
Description of Duties: Retail RPh duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Pharmerica LTC			11/14 – 07/15	
Business Address	**City**		**State**	**Zip**
15 Cactus Garden Dr	Henderson		NV	89014
Phone	**Title**			
702-871-4203	Pharmacist			
Description of Duties				
IV ABX dosing, TPN dosing, fill RXs, manage weekend staff.				

Business Name			From - To (MM/YY – MM/YY)	
Medco / Express scripts			02/03 – 07/13	
Business Address	**City**		**State**	**Zip**
6225 Annie Oakley Dr	Las Vegas		NV	89120
Phone	**Title**			
702.436 8350	Pharmacist - Quality assurance			
Description of Duties				
report on quality issues, utilize med watch forms, customer service correct errors and obtain RXs.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		NA
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original signature (electronic, copies or stamps not accepted)

6-7-2021
Date

Applicant's initials _____ 6

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.

Janice Rose

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-7-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Janice Rose, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6-8-21

Date

Subscribed and Sworn to before me this 8 day of June 2021

Notary Public Signature

STEPHANIE MORGAN
Notary Public, State of Nevada
No. 10-2456-1
My Appt. Exp. Feb. 18, 2024

(Seal)

Applicant's initials

Nevada State Board of Pharmacy

This is to Certify That

Janice Rose

is a

Pharmacist

duly registered in the State of Nevada pursuant to the provisions of "An Act to regulate the practice of Pharmacy and the use and sale of poisons and drugs in the State of Nevada; providing for a state board of pharmacy, and defining its powers and duties, and fixing penalties for the violation thereof," approved April 1, 1913, as amended

and is entitled to practice Pharmacy in the State of Nevada.

No. 13727 In Witness Whereof are hereunto affixed the seal and the signatures of the officers of the State Board of Pharmacy.

Done this 28 day of July One Thousand Nine Hundred Ninety-seven

NEVADA STATE BOARD OF PHARMACY REGISTERED MAY 6, 1897

President

Board Member

Board Member

Board Member

Board Member

Board Member

Executive Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Complete Care Pharmacy

Physical Address 1090 E. Desert Inn Rd., Suite 204

City Las Vegas State NV Zip 89109

Mailing Address (if different from physical address) 1620 W. Northwest Hwy., Suite 100

City Grapevine State TX Zip 76051

Telephone 817.572.0009 Website

Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First Janice Middle Last Rose

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Ambermill Ct.

City Henderson State NV Zip 89052

Telephone [redacted] Email [redacted]

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
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?	n/a	

Applicant's Initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Univ. of Colorado-HSC			09/94	– 05/97
Address	**City**		**State**	**Zip**
13001 E 17th Pl.	Aurora		CO	80045
Diploma/Degree obtained, if any				
B.S. Pharmacy				

School Name			From - To (MM/YY – MM/YY)	
HP Baldwin High			9/79	– 6/83
Address	**City**		**State**	**Zip**
1650 Kaahumanu Ave	Wailuku		HI	96793
Diploma/Degree obtained, if any				
HS Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14 to present	[redacted] Amberwill Ct	Henderson	NV	89052
10/08 to 05/14	4087 Syracuse Dr	Las Vegas	NV	89119

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: ALL City Pharmacy			From - To (MM/YY – MM/YY): 09/20 to 11/20
Business Address: 821 N. Lamb Blvd.	City: Las Vegas	State: NV	Zip: 89110
Phone: 702-834-7704	Title: PIC.		Number of Employed Hours: ~320 hrs.
Description of Duties: Pharmacist in charge, manage pharmacy, fill RX's, DUE's, counsel pts			

Business Name: Omnicare LTC			From - To (MM/YY – MM/YY): 11/16 – 6/18
Business Address: 1525 E Sunset Rd Ste # 15	City: Las Vegas	State: NV	Zip: 89119
Phone: 702 407-0124	Title: Pharmacist		Number of Employed Hours: 3200 (3200)
Description of Duties: graveyard Pharmacist IV dosing, TPN dosing, ~~DRug~~ renew, compounding IV admixture, fill/dispense/check RX's			

Business Name: Evergreen Pharmacy			From - To (MM/YY – MM/YY): 11/14 – 7/18
Business Address: 10001 S Eastern Ave ste 105	City: Henderson	State: NV	Zip: 89052
Phone: 702 – 269-1354	Title: Pharmacist - on call		Number of Employed Hours: 480
Description of Duties: Retail duties, counsel patients.			

Business Name: Pharmerica LTC			From - To (MM/YY – MM/YY): 11/14 – 07/15
Business Address: 15 Cactus Garden Dr	City: Henderson	State: NV	Zip: 89014
Phone: 702-871-4203	Title: Pharmacist – weekend FT		Number of Employed Hours: 1000
Description of Duties: IV ABX dosing, TPN dosing, DUE, fill/dispense/check RX's, manage weekend staff and order entry			

Business Name: Medco/Express Scripts			From - To (MM/YY – MM/YY): 02/03 – 07/13
Business Address: 6225 Annie Oakley Dr	City: Las Vegas	State: NV	Zip: 89120
Phone: 702- 436-8300	Title: Pharmacist – Quality assurance		Number of Employed Hours: 19000
Description of Duties: customer service, correct errors, report quality issues.			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name: Longs Drugs			From - To (MM/YY – MM/YY): 2001 to 2003
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours: 4800	
Description of Duties			

Business Name: Vons			From - To (MM/YY – MM/YY): 1997 to 2001
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours: 3000	
Description of Duties			

Business Name: Swedish Hospital			From - To (MM/YY – MM/YY): 1994 – 1997
Business Address: 609 E Hampton ave	City: Englewood	State: CO	Zip
Phone	Title: Pharmacist	Number of Employed Hours: 2000	
Description of Duties: ICU/OR Satelite RPh.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	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.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: NOT applicable

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's Initials

I, Janice Rose, **certify that as the designated representative for**

Complete Care Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Janice Rose
Print Name (First, Last)

Janice Rose
Original Signature (electronic, copies or stamps not accepted)

5-13-2021
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Janice Rose
Print Name (First, Last)

Janice Rose
Original Signature (electronic, copies or stamps not accepted)

5-13-21
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Janice Rose, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Janice Rose
Original Signature

5-14-21
Date

Subscribed and Sworn to before me this 14th day of May 2021.

Notary Public Signature

DENISE SAPUTO
Notary Public, State of Nevada
Appointment No. 20-4070-01
My Appt. Expires Aug 21, 2024

(Seal)

Applicant's initials JL

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
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Filed in the Office of	Business Number
Barbara K. Cegavske	E12348012021-5
	Filing Number
	20211234800
Secretary of State	Filed On
State Of Nevada	02/12/2021 17:02:29 PM
	Number of Pages
	2

Formation - Profit Corporation

☑ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

Complete Care Pharmacy & Medical Supplies Incorp.

2. 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)

Basil Blake
Name of Registered Agent OR Title of Office or Position with Entity

[redacted] Lots Hill Drive | Las Vegas | Nevada | 89179
Street Address | City | Zip Code

Mailing Address (If different from street address) | City | Nevada | Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X Basil Blake — 02/12/2021
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes OR ☑ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) Basil Blake
Name
[redacted] Lots Hill Drive | Las Vegas | NV | 89179
Address | City | State | Zip Code

2) Basil Blake
Name
[redacted] Lots Hill Drive | Las Vegas | NV | 89179
Address | City | State | Zip Code

3) Basil Blake
Name
[redacted] Lots Hill Drive | Las Vegas | NV | 89179
Address | City | State | Zip Code

4) Basil Blake
Name
[redacted] Lots Hill Drive | Las Vegas | NV | 89179
Address | City | State | Zip Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

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 - profit Corporation

Continued, Page 2

6. Benefit Corporation:
(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)

By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.

Yes ☐

7. Purpose/Profession to be practiced:
(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)

8. Authorized Shares:
(Number of shares corporation is authorized to issue)

Number of common shares with Par value: 0 Par value: $ 0

Number of preferred shares with Par value: 0 Par value: $ 0

Number of shares with no par value: 100

If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.

9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.
Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.

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.

Basil Blake			United States
Name			Country
7728 Lots Hill Drive	Las Vegas	NV	89179
Address	City	State	Zip/Postal Code

X Basil Blake (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
(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:

Complete Care Pharmacy & Medical Supplies Incorp.

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:

Filed in the Office of Barbara K. Cegavske Secretary of State State Of Nevada	Business Number E12348012021-5 Filing Number 20211234802 Filed On 02/12/2021 17:02:29 PM Number of Pages 2

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming 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 PRESIDENT:

Name	Country
Basil Blake	USA

Address	City	State	Zip/Postal Code
[redacted] Lots Hill Drive	Las Vegas	NV	89179

CORPORATION, INDICATE THE DIRECTOR:

Name	Country
Basil Blake	USA

Address	City	State	Zip/Postal Code
[redacted] Lots Hill Drive	Las Vegas	NV	89179

CORPORATION, INDICATE THE TREASURER:

Name	Country
Basil Blake	USA

Address	City	State	Zip/Postal Code
[redacted] Lots Hill Drive	Las Vegas	NV	89179

CORPORATION, INDICATE THE SECRETARY:

Name	Country
Basil Blake	USA

Address	City	State	Zip/Postal Code
[redacted] Lots Hill Drive	Las Vegas	NV	89179

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 Basil Blake
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*

President
Title

02/12/2021
Date

10B

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 ASC04114
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Comprehensive Digestive Surgicenter, LLC

Physical Address: 8440 W. Warm Springs Rd.

City: Las Vegas State: NV Zip Code: 89113 Telephone: 9702383 702-483-4483

Fax: 702-970-2382 Toll Free Number:

E-mail: donna@nevadagastro.com**

**to be updated post-closing

Website: N/A

Managing Pharmacist: Rosa Millero License Number: 17362

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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.

Donna Heeren-Sandoval, RN

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

Donna Heeren-Sandoval

Print Name of Authorized Person

6-23-21

Date

Board Use Only	Date Processed:_____	Amount: 500 Check #0675200907

The Applicant is not a corporation. Rather, applicant is a Delaware limited liability company registered to do business in Nevada. Please note, as described at Exhibit A, Comprehensive Digestive Surgicenter, LLC is a subsidiary of HCA Inc., a publicly traded corporation.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: N/A -- Comprehensive Digestive Surgicenter, LLC is not incorporated

Parent Company if any: See ownership structure at Exhibit A

Mailing Address: 8440 W Warm Springs Road

City: Las Vegas State: NV Zip: 89113

Telephone: 702-970-2383 Fax: 702-970-2382

Contact Person: Donna Heeren-Sandoval (Administrator/Clinical Director)

For any corporation non publicly traded, disclose the following: The Applicant is not a corporation and does not issue shares. Rather, Applicant is a Delaware limited liability company registered to do business in Nevada. Please see attached ownership structure at Exhibit A.

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/A

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

List any physician shareholders and percentage of ownership.

Name: See full ownership structure, including physician ownership, at Exhibit A. %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7 am 5 pm N/A Saturday _____ am _____ pm

N/A 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: PENDING

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. See Exhibit B.

List of officers and directors Comprehensive Digestive Surgicenter, LLC is a limited liability company managed by Surgicare of Comprehensive Digestive, LLC. There are no officers or directors at the company level.

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. N/A

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.

Comprehensive Digestive Surgicenter, LLC is a limited liability company. There are no stockholders.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Donna Heeren-Sandoval

Responsible Person of Comprehensive Digestive Surgicenter, 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.

Donna Heeren-Sandoval, RN

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

Donna Heeren-Sandoval

Print Name of Authorized Person

2-9-2021

Date

Managing Pharmacist

Pharmacist Name: Rosa Millero License #: 17362

Pharmacy Name: Comprehensive Digestive Surgicenter, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

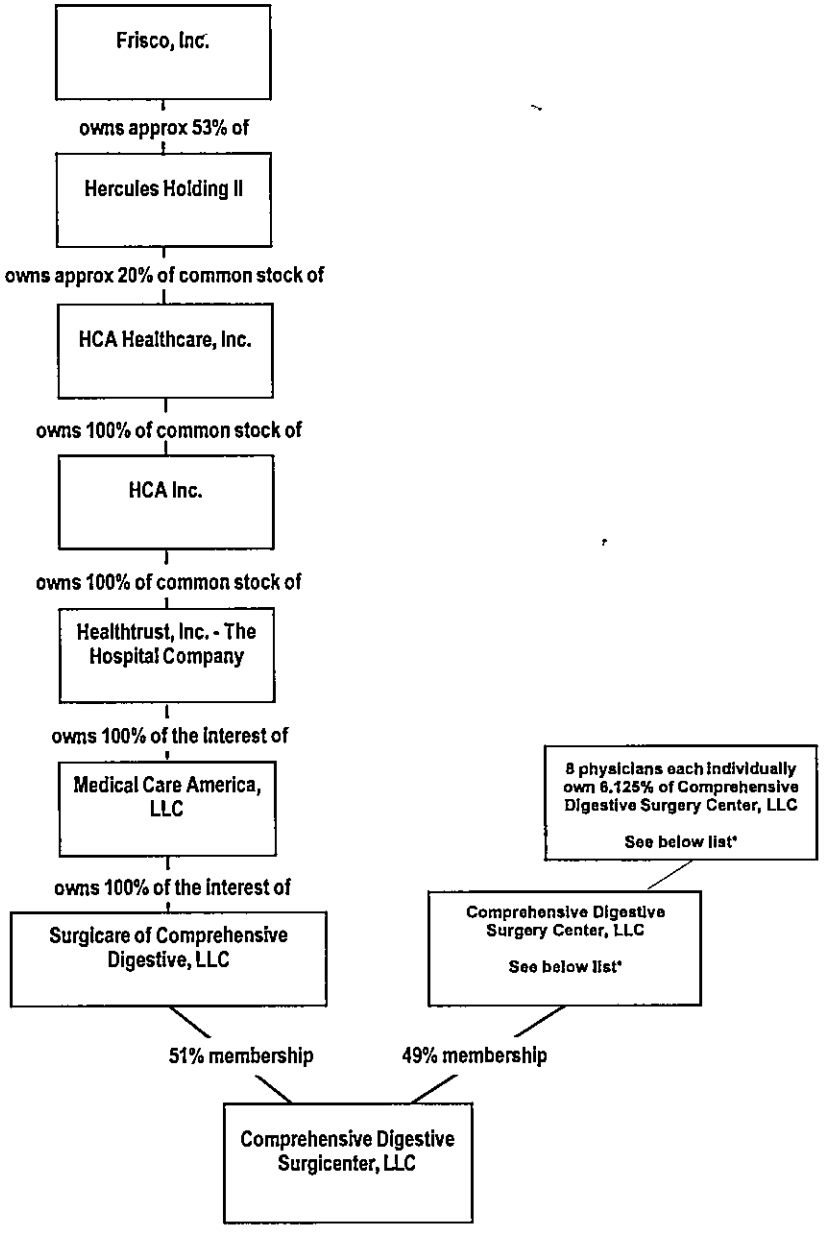
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature: Rocco Miller Pharm D, BCPS

Date: 5 February 2021

EXHIBIT A



*List of individual physician owners in Comprehensive Digestive Surgicenter, LLC

1. Gary C Chen, MD
2. Andrew I Kim, MD
3. John K. Ryan, MD
4. Christian Diaz Stone, MD
5. Vijay Jayaraman, MD
6. Tarek Ammar, MD
7. David Shih, MD
8. Syed A. Basit, MD

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE DIGESTIVE SURGICENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2021.

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

Jeffrey W. Bullock, Secretary of State

4157589 8300

SR# 20210558744

Authentication: 202561047

Date: 02-22-21

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

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Comprehensive Digestive Surgicenter, 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 11/19/2020, 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 02/22/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202102221448293
You may verify this certificate online at http://www.nvsos.gov

KING & SPALDING

King & Spalding LLP
1100 Louisiana St., Suite 4100
Houston, TX 77002-5213
Tel: +1 713 751 3200
Fax: +1 713 751 3290
www.kslaw.com

Michelle Huntsman
Associate
Direct Dial: +1 713 751 3211
Direct Fax: +1 713 751 3290
mhuntsman@kslaw.com

June 23, 2021

VIA EXPRESS MAIL TRACKING NUMBER: EH 078514445 US
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Pharmacy License Application for Comprehensive Digestive Surgicenter, LLC d/b/a Comprehensive Digestive Surgery Center (ASC04114)

Ladies and Gentlemen:

On behalf of Comprehensive Digestive Surgicenter, LLC (the "Company"), enclosed please find a completed pharmacy license application, along with the necessary attachments, and the required fee. As noted within the application, the Company anticipates acquiring a surgery center located at 8440 W. Warm Springs Road, Las Vegas, NV, 89113 (the "Center") effective on or about July 1, 2021 (the "Effective Date"). Currently, the Center is owned and operated by Comprehensive Digestive Surgery Center, LLC and maintains permit number ASC04114.

Should you have any questions regarding this application, please do not hesitate to contact me at 713-751-3211 or at mhuntsman@kslaw.com. Thank you for your assistance with this application.

Sincerely,

Michelle Huntsman

Michelle Huntsman

Enclosures

Darlene Nases

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Wednesday, February 10, 2021 7:14 AM
To: Michelle Huntsman
Cc: Christina McNamara
Subject: RE: Question Regarding Designated Representative for ASC Pharmacy License

External Sender
Hello Michelle,

My apologies for the delay in responding to your email from last Thursday. The short answer is no, the ASC does not require a designated representative, but an employed or contracted (consultant) pharmacist.

Concerning the question from today's email. Yes, the new applicant may continue to be operational while the application is processed and assigned to a future board meeting agenda.

Best regards,

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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: Huntsman, Michelle <MHuntsman@KSLAW.com>
Sent: Wednesday, February 10, 2021 4:41 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Cc: McNamara, Christina <CMcNamara@kslaw.com>
Subject: RE: Question Regarding Designated Representative for ASC Pharmacy License

Mark,

I am reaching out to connect about the below February 2nd email. It would also be helpful to understand if ASCs can operate under the prior owner's pharmacy license while waiting for the Nevada Board of Pharmacy to approve buyer's license. I am happy to connect by phone, if easier. Thanks again for your help!

Best,
Michelle

Michelle Huntsman
Associate

T: +1 713 751 3211 | M: +1 908 601 0818 | E: mhuntsman@kslaw.com | www.kslaw.com

BIO | vCARD

King & Spalding LLP
1100 Louisiana
Suite 4100
Houston, TX 77002

KING & SPALDING

From: Huntsman, Michelle
Sent: Thursday, February 4, 2021 1:23 PM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Cc: McNamara, Christina <cmcnamara@kslaw.com>
Subject: RE: Question Regarding Designated Representative for ASC Pharmacy License

Mark,

I wanted to follow-up on the below email. I appreciate your help, and look forward to hearing your guidance.

Michelle

From: Huntsman, Michelle
Sent: Tuesday, February 2, 2021 6:45 PM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Question Regarding Designated Representative for ASC Pharmacy License

Hi Mark,

Thank you for your on-going help as we review the change of ownership application for an ambulatory surgery center pharmacy license. During our call, you noted that every pharmacy applicant must designate a "Designated Representative." I reviewed the Designated Representative form on the Nevada Board of Pharmacy's website and want to confirm that it is required for a pharmacy located *within an ambulatory surgery center*. The form appears to indicate that the Designated Representative needs to be a full time employee, and present at the pharmacy during normal business hours. As you know, the Designated Representative is also required to submit 6,000 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. However, if the designated representative is the managing pharmacist, the law test is not required.

The requirements noted in the Designated Representative application do not appear to align with the Nevada Board of Pharmacy's regulations (the "Regulations"). From my understanding of the Regulations, an ambulatory surgery center *does not need to have a full-time pharmacist on-site at all times*, but instead can enter into a consultant arrangement with a pharmacist to provide, among other things, monthly audits of the pharmacy. Can you please clarify if a

Designated Representative is required for a *pharmacy within an ambulatory surgery center*, and if so, how this function can be served through a pharmacist in a consultant role (i.e., a pharmacist who is not employed on a full-time basis and is not on-site during normal operating hours)?

We appreciate your help!
Michelle

Michelle Huntsman
Associate

T: +1 713 751 3211 | M: +1 908 601 0818 | E: mhuntsman@kslaw.com | www.kslaw.com

BIO | vCARD

King & Spalding LLP
1100 Louisiana
Suite 4100
Houston, TX 77002

King & Spalding

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Darlene Nases

From: Michelle Huntsman <MHuntsman@KSLAW.com>
Sent: Wednesday, August 4, 2021 10:04 AM
To: Darlene Nases
Cc: Mark I. Sedar; Candy Nally; Christina McNamara
Subject: RE: Nevada Pharmacy Application - Comprehensive Digestive Surgery Center - Need more information

Hi Darlene,

As highlighted below, please list "Surgicare of Comprehensive Digestive, LLC" as the officer for Comprehensive Digestive Surgicenter, LLC. There are no directors at the company level for Comprehensive Digestive Surgicenter, LLC.

Thank you,
Michelle

Michelle Huntsman
Associate

T: +1 713 751 3211 | M: +1 908 601 0818 | E: mhuntsman@kslaw.com | www.kslaw.com

BIO | vCARD

King & Spalding LLP
1100 Louisiana
Suite 4100
Houston, TX 77002

KING & SPALDING

From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Wednesday, August 4, 2021 12:01 PM
To: Michelle Huntsman <MHuntsman@KSLAW.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Candy Nally <cnally@pharmacy.nv.gov>; Christina McNamara <CMcNamara@kslaw.com>
Subject: RE: Nevada Pharmacy Application - Comprehensive Digestive Surgery Center - Need more information

CAUTION: MAIL FROM OUTSIDE THE FIRM

Hello Michelle,

I received the Personal History records. However, I do not see anything regarding the list of officers and directors. Can you please provide?

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
dnases@pharmacy.nv.gov

KING & SPALDING

King & Spalding LLP
1100 Louisiana St., Suite 4100
Houston, TX 77002-5213
Tel: +1 713 751 3200
Fax: +1 713 751 3290
www.kslaw.com

Michelle Huntsman
Associate
Direct Dial: +1 713 751 3211
Direct Fax: +1 713 751 3290
mhuntsman@kslaw.com

July 29, 2021

VIA EXPRESS MAIL TRACKING NUMBER: EI004323117US

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

Re: Pharmacy License Application for Comprehensive Digestive Surgicenter, LLC d/b/a Comprehensive Digestive Surgery Center (ASC04114)

Ladies and Gentlemen:

On June 23, 2021, Comprehensive Digestive Surgicenter, LLC (the "Company"), submitted a pharmacy license application, along with the necessary attachments, and the required fee. As noted within the application, the Company acquired a surgery center located at 8440 W. Warm Springs Road, Las Vegas, NV, 89113 (the "Center") effective July 3, 2021 (the "Effective Date"). The Center was previously owned and operated by Comprehensive Digestive Surgery Center, LLC. On June 30, 2021, the Nevada State Board of Pharmacy requested that the physician owners in the Company submit personal history records. In response to this request, enclosed pleased find personal history records for each physician owner.

Should you have any questions regarding this application, please do not hesitate to contact me at 713-751-3211 or at mhuntsman@kslaw.com. Thank you for your assistance with this application.

Sincerely,

Michelle Huntsman

Enclosures

Darlene Nases

From: Michelle Huntsman <MHuntsman@KSLAW.com>
Sent: Tuesday, August 10, 2021 11:00 AM
To: Darlene Nases
Cc: Mark I. Sedar; Candy Nally; Christina McNamara
Subject: RE: Nevada Pharmacy Application - Comprehensive Digestive Surgery Center - Need more information
Attachments: Stroman v Russell - PHL County court dismissal (17 Jun 2018).pdf

Darlene,

In response to your request for additional documentation regarding the disclosed litigation within the physicians' personal records, please see below and attached. None of the below noted litigation involves Comprehensive Digestive Surgicenter, LLC, which is the applicant for the pending pharmacy license. Please let me know if you have questions or require additional information. We appreciate your assistance with this application!

1. ***The Smith Litigotion***
   a. Janice Smith filed suit against Dr. Shih, Dr. Chen, and Kim Chen PLLC d/b/a Comprehensive Digestive Institute of Nevada in 2019 (the "Smith Litigation"). The Smith Litigation involves allegations that Ms. Smith was inappropriately referred to a colorectal surgeon for further evaluation of a mass identified on her colonoscopy. The defendants deny all allegations that the medical treatment provided to Ms. Smith was below the standard of care. Because the Smith Litigation is on-going, there is no Notice of Dismissal or Settlement Agreement that can be provided to the Nevada Board of Pharmacy.
2. ***The Kunimoto Litigation***
   a. Bryce Kunimoto filed suit against Dr. Jayaraman, Comprehensive Digestive Surgery Center, LLC d/b/a Comprehensive Digestive Institute of Nevada**, and Southern Hills Hospital and Medical Center in 2020 (the "Kunimoto Litigation"). The Kunimoto Litigation involves allegations that Mr. Kunimoto experienced complications during his endoscopic ultrasound, performed by Dr. Jayaraman. The defendants deny the allegations referenced in the Kunimoto Litigation. Because the Kunimoto Litigation is on-going, there is no Notice of Dismissal or Settlement Agreement that can be provided to the Nevada Board of Pharmacy.
3. ***The Stromon Litigation***
   a. Melanie Stroman filed suit against Dr. Ammar, along with Tenet Healthcare Corporation, in 2007 (the "Stroman Litigation"). The allegations in the Stroman Litigation involve allegations that the defendant failed to provide proper anti-acid medication to Ms. Stroman. Dr. Ammar was dismissed from the Stroman Litigation in 2008. *See attached Notice of Dismissal.*
4. ***The Robinson Litigation***
   a. Patricia Robinson filed suit against Dr. Diaz in 1998 (the "Robinson Litigation"). The Robinson Litigation involves allegations that the defendant failed to properly diagnose cancer in her husband. The Robinson Litigation was dismissed with prejudice in 2004. However, the jurisdiction in which the Robinson Litigation was filed does not maintain electronic copies of court filings dating back to 2004. Due to the inaccessibility of these records, we are unable to provide documentation of the dismissal.

***Mr. Kunimoto filed suit against "Camprehensive Digestive Surgery Center, LLC d/b/a Camprehensive Digestive Institute of Nevada." Per the business name listed the complaint, the lawsuit was filed against the physician practice and not against the prior owner of the surgery center, Camprehensive Digestive Surgery Center, LLC, which was not operational at the time the lawsuit was filed.*

Thank you,
Michelle

Michelle Huntsman
Associate

T: +1 713 751 3211 | M: +1 908 601 0818 | E: mhuntsman@kslaw.com | www.kslaw.com

BIO | vCARD

King & Spalding LLP
1100 Louisiana
Suite 4100
Houston, TX 77002

KING & SPALDING

From: Michelle Huntsman
Sent: Wednesday, August 4, 2021 12:31 PM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Candy Nally <cnally@pharmacy.nv.gov>; Christina McNamara <CMcNamara@kslaw.com>
Subject: RE: Nevada Pharmacy Application - Comprehensive Digestive Surgery Center - Need more information

Thank you, Darlene. I connected with Mark to understand exactly what information is required. I will work with the physicians to provide the requested information. I appreciate your help!

Best,
Michelle

Michelle Huntsman
Associate

T: +1 713 751 3211 | M: +1 908 601 0818 | E: mhuntsman@kslaw.com | www.kslaw.com

BIO | vCARD

King & Spalding LLP
1100 Louisiana
Suite 4100
Houston, TX 77002

KING & SPALDING

From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Wednesday, August 4, 2021 12:09 PM
To: Michelle Huntsman <MHuntsman@KSLAW.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Candy Nally <cnally@pharmacy.nv.gov>; Christina McNamara <CMcNamara@kslaw.com>
Subject: RE: Nevada Pharmacy Application - Comprehensive Digestive Surgery Center - Need more information

CAUTION: MAIL FROM OUTSIDE THE FIRM

Hello Michelle,

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Comprehensive Digestive Surgicenter, LLC

Physical Address 8440 W. Warm Springs Rd

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First SYED Middle F Last ABDUL BASIT

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] W. Sunset Road,

City Las Vegas State NV Zip 89148

Telephone [redacted] Email sab@nevadagastro.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials SAB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Reno		7/2011 – 6/2014.	
Address	**City**	**State**	**Zip**
1701 W. Charleston Blvd	Las vegas	NV	89102.
Diploma/Degree obtained, if any			
MD. (Internal medicine)			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Reno		7/2014 – 6/2017	
Address	**City**	**State**	**Zip**
1701 W. Charleston Blvd	~~Las~~ Lasvegas	NV	89102.
Diploma/Degree obtained, if any			
MD (Gastroenterology			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2014 – 6/2017	University of Nevada, Reno	Las vegas	NV	89102
From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2011 – 6/2014	University of Nevada Reno	Las vegas	NV	89102
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
CDIN.			7/2019 – Present
Business Address	**City**	**State**	**Zip**
9260 N. Sunset Road	Las Vegas	NV	89149
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	Yes	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials SAB

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3/12/2019		NV	las vegas	clark County
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
A-19-790980-C	clark county Distric Court			
Reason/Charge				
Allegation by a patient that she was inappropriately referred to a surgeon				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Janice Smith		Pending		
Name of Business/Industry/Entity				
Kim chen PLLC				

Provide explanation below:

Kim chen PLLC dba comprehensive digestive Institute of nevada is named as a defendant in Case No A-19-790980-C. This case involved an allegation by a patient that she was inappropriately referred to a Colorectal Surgeon for further evaluation for a mass seen on colonoscopy

Original Signature (electronic, copies or stamps not accepted)

7/14/2021
Date

Applicant's initials SAB

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.

SYED ABDUL BASIT

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/13/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, SYED ABDUL BASIT, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/13/2021

Date

Subscribed and Sworn to before me this 13th day of July 2021.

Notary Public Signature

RANDY KATZ
Notary Public, State of Nevada
No. 00-63045-1
My Appt. Exp. Feb. 1, 2024

(Seal)

Applicant's initials SAB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Comprehensive Digestive Surgicenter, LLC

Physical Address 8440 W. Warm Springs Rd

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Vijay Middle _____ Last Jayaraman

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Dean Martin Dr, Unit [redacted]

City Las Vegas State NV Zip 89103

Telephone [redacted] Email vjayaraman@nevadagastro.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials VJ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
BJ MEDICAL COLLEGE		08/97 TO 03/03	
Address	**City**	**State**	**Zip**
1 STATION ROAD	PUNE	INDIA	411001
Diploma/Degree obtained, if any			
MBBS			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/08 -06/11	SUNY, STONY BROOK	STONY BROOK	NY	11790
07/07-06/08	SUNY , STONY BROOK	STONY BROOK	NY	11790
07/04-06/07	SUNY, STONY BROOK	STONY BROOK	NY	11790
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
COMPREHENSIVE DIGESTIVE INSTITUTE OF NEVADA			11/15-PRESENT
Business Address	**City**	**State**	**Zip**
9260 W SUNSET RD.	LAS VEGAS	NV	89148
Phone	**Title**		
7024834483	MANAGING PARTNER		
Description of Duties			
CLINICAL CARE OF PATIENTS AND ADMINISTRATIVE DUTIES			

Business Name			From - To (MM/YY – MM/YY)
UNIVERSITY OF NEVADA			09/12-10/15
Business Address	**City**	**State**	**Zip**
1707 W Charleston Blvd Suite 100	LAS VEGAS	NV	89102
Phone	**Title**		
7026763650	ASST PROFESSOR		
Description of Duties			
CLINICAL CARE AND RESIDENT TRAINING			

Business Name			From - To (MM/YY – MM/YY)
PARKWAY SURGERY CENTER AT HORIZON RIDGE			03/21-PRESENT
Business Address	**City**	**State**	**Zip**
10561 Jeffreys St #130	HENDERSON	NV	89052
Phone	**Title**		
7027248900	PARTNER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials VJ

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/06/2020	PENDING	NV	LAS VEGAS	CLARK

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-20-809978-C	

Reason/Charge
PATIENT ALLEGES ASPIRATION DURING ENDOSCOPY CAUSED INJURY

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
B. KUNIMOTO	LAWSUIT

Name of Business/Industry/Entity
KIM CHEN PLLC

Provide explanation below:

A medical malpractice/wrongful death Complaint was filed against multiple medical providers on February 6, 2020 by patient, Bryce Kunimoto. The allegations are related to an endoscopic ultrasound that Dr. Jayaraman performed on February 7, 2019. The patient alleges that during the procedure, he aspirated and suffered complications as a result. The lawsuit is currently in the early stages of litigation.

Original Signature (electronic, copies or stamps not accepted)

7/14/21
Date

Applicant's initials VJ

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.

VIJAY JAYARAMAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/14/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, VIJAY JAYARAMAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/14/2021

Date

Subscribed and Sworn to before me this 14th day of July 2021

Notary Public Signature

RANDY KATZ
Notary Public, State of Nevada
No. 00-63045-1
My Appt. Exp. Feb. 1, 2024

(Seal)

Applicant's initials VJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Comprehensive Digestive Surgicenter, LLC

Physical Address 8440 W. Warm Springs Rd

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Gary Middle Chang-Hsiao Last Chen

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] W. Sunset Rd Suite [redacted]

City Las Vegas State NV Zip 89148

Telephone [redacted] Email garychen@nevadagastro.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials gc

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UCLA School of Medicine		08/99-06/04	
Address	City	State	Zip
10833 Le Conte Ave	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY)	
UC Riverside		09/96-06/00	
Address	City	State	Zip
900 University Ave	Riverside	CA	92521
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Edison High School		09/92-06/96	
Address	City	State	Zip
21400 Magnolia St	Huntington Beach	CA	92646
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/21-Present	[redacted] Moonfire Drive	Las Vegas	NV	89135
05/13-03/21	2895 Soft Horizon Way	Las Vegas	NV	89135
09/10-05/13	972 Coatbridge Street	Las Vegas	NV	89145
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Comprehensive Digestive Institute of Nevada			12/15-Present
Business Address	**City**	**State**	**Zip**
9260 W. Sunset Rd Ste 306	Las Vegas	NV	89148
Phone	**Title**		
7024834483	Managing Partner, Physician		
Description of Duties			
Patient care duty			

Business Name			From - To (MM/YY – MM/YY)
Southwest Medical Associates			08/10-09/15
Business Address	**City**	**State**	**Zip**
888 S Rancho Dr	Las Vegas	NV	89106
Phone	**Title**		
(702) 877-5199	Physician		
Description of Duties			
Patient care duty			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03/12/19		NV	Las Vegas	Clark County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-19-790980-C	Clark County District Court

Reason/Charge
allegation by a patient that she was inappropriately referred to a colorectal surgeon

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Janice Smith	Pending

Name of Business/Industry/Entity
Kim Chen PLLC

Provide explanation below:

Kim Chen PLLC dba Comprehensive Institute of Nevada is named as a Defendant in Case No. A-19-790980-C. The case involves an allegation by a patient that she was inappropriately referred to a colorectal surgeon for further evaluation of a mass seen on colonoscopy.

Original Signature (electronic, copies or stamps not accepted)

07/15/2021

Date

Applicant's initials gc

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.

Gary Chen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/14/21

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Gary Chen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

~~7/14/21~~ 7/14/21

Date gc

Subscribed and Sworn to before me this 14th day of July 2021.

Notary Public Signature

RANDY KATZ
Notary Public, State of Nevada
No. 00-63045-1
My Appt. Exp. Feb. 1, 2024

(Seal)

Applicant's initials gc

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Comprehensive Digestive Surgicenter, LLC

Physical Address 8440 W. Warm Springs Rd

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702 970 2383 Website _____

Licensing Company Email Donna.HeerenSandoval@hcahealthcare.com

Section 2: Personal Information

First Tarek Middle _____ Last AMMAR

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Karen Ave

City Las Vegas State NV Zip 89109

Telephone _____ Email Tarek@Nevadagastro.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
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?		X

Applicant's initials TA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)			
Faculté de Medecine de Tunis	1991 – 1999			
Address	**City**	**State**	**Zip**	
15 Rue Djebel Lakhdhar, La Rabta	Tunis	Tunisia	1007	
Diploma/Degree obtained, if any				
MD				

School Name	From - To (MM/YY – MM/YY)		
lycee Pierre Mendes France	1989 – 1991		
Address	**City**	**State**	**Zip**
125 Rue Pierre Mendes France	Tunis	Tunisia	
Diploma/Degree obtained, if any			
Baccalaureate Degree			

School Name	From - To (MM/YY – MM/YY)		
lycee Buffon	1987 – 1989		
Address	**City**	**State**	**Zip**
16 Boulevard Pasteur	Paris	France	75724
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
College Madame de Staël	1983 – 1987		
Address	**City**	**State**	**Zip**
14 Rue Germaine de Staël	Paris	France	75015
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/2020 – Present	[redacted] Karen Ave Unit 3307	las Vegas	NV	89109
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Comprehensive Digestive Institute of Nevada			From - To (MM/YY – MM/YY): 1/2016 – Present	
Business Address: 9260 W. Sunset Rd #306	City: Las Vegas		State: NV	Zip: 89148
Phone: 702 483 4483	Title: Partner			
Description of Duties: Physician				

Business Name: Horizon Surgical Center			From - To (MM/YY – MM/YY): 2/2021 – Present	
Business Address: 10561 Jeffreys St #130	City: Henderson		State: NV	Zip: 89052
Phone: 702 794 8900	Title:			
Description of Duties: Own shares of Surgery Center				

Business Name: University of Nevada School of Medicine			From - To (MM/YY – MM/YY): 9/2010 – 11/2015	
Business Address: 1707 W. Charleston Blvd	City: Las Vegas		State: NV	Zip: 89102
Phone: 702 671 5070	Title:			
Description of Duties: Physician				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:			
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:			
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/1/2005		PA	Philadelphia	Philadelphia

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
003228	Philadelphia County Court

Reason/Charge	
Allegation by patient that her physician failed to provide her anti-acid Medication	

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Melanie Shroman	Dismissed

Name of Business/Industry/Entity
Steven R Russell MD, Tarek AHMAR MD, Graduate Hospital aka Tenet healthsystem LLC

Provide explanation below:

Dr Steven Russell

Plaintiff alleges that her primary care physician ✓ failed to provide her anti-acid medication which led to physical and psychological harm.
I was involved as being a resident under supervision of Dr Russell. The medication was denied by her insurance as it is available over the counter.
The patient did not suffer any negative outcome.
The lawsuit was dismissed 5/2/2008

Original Signature (electronic, copies or stamps not accepted)

7/13/2021
Date

Applicant's initials TA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3/12/19		NV	Las Vegas	Clark County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-19-790980-C	Clark County District Court

Reason/Charge
Allegation by a patient that she was inappropriately referred to a Surgeon

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Janice Smith	Pending

Name of Business/Industry/Entity
Kim Chen PLLC

Provide explanation below:

Kim Chen PLLC dba Comprehensive Institute of Nevada is named as a Defendant in case A-19-790980-C. The case involves an allegation by a patient that she was inappropriately referred to a colorectal surgeon for further evaluation of a mass noted on Colonoscopy

Original Signature (electronic, copies or stamps not accepted)

7/13/2021
Date

Applicant's initials TA

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.

Tarek AMMAR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/13/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Tarek AMMAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/13/2021

Date

Subscribed and Sworn to before me this 13th day of July 2021.

Notary Public Signature

RANDY KATZ
Notary Public, State of Nevada
No. 00-63045-1
My Appt. Exp. Feb. 1, 2024

(Seal)

Applicant's initials TA

NEW, J.

Timothy I. McCann, Esquire
Identification No. 36572
mccann@doclawyers.com
June A. Taima, Esquire
Identification No. 71343
taima@doclawyers.com
McCANN & GESCHKE, P.C.
1800 John F. Kennedy Blvd., Suite 801
Philadelphia, PA 19103
215-568-1133

Attorneys for Defendant T. Ammar, M.D.

DOCKETED
JUN 17 2008
L. KELLY
DAY FORWARD

COPIES SENT
PURSUANT TO Pa.R.C.P. 236(b)
JUN 17 2008
FIRST JUDICIAL DISTRICT OF PA
USER I.D.:

Melanie Stroman Plaintiff vs. Steven R. Russell, M.D., T. Ammar, M.D., Graduate Hospital a/k/a Tenet HealthSystem Graduate, LLC and Tenet Healthcare Corporation Defendants	:	PHILADELPHIA COUNTY COURT OF COMMON PLEAS APRIL TERM, 2007 No. 3228

STIPULATION OF DISMISSAL OF LESS THAN ALL PARTIES

IT IS stipulated and agreed by and between the undersigned counsel that Defendant T. Ammar, M.D. is dismissed with prejudice. All claims against T. Ammar M.D. are hereby dismissed with prejudice. It is further agreed that this Stipulation may be signed in counterparts.

Stephen W. Bruccoleri, Esquire
Vincent J. Bonaventura, Esquire
Law Offices of Stephen Bruccoleri
Attorney for Plaintiff

Date: 5/15/08

June A. Taima
Timothy I. McCann, Esquire
June A. Taima, Esquire
Attorneys for Defendant, T. Ammar, M.D.

Date: 6/10/08

Michael E. McGilvery, Esquire
Attorney for Defendant
Steven R. Russell, M.D.

Date: 6/10/08

APPROVED BY THE COURT:

6.17.08 J.

Date: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Comprehensive Digestive Surgicenter, LLC

Physical Address 8440 W. Warm Springs Rd

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-970-2383 Website _____

Licensing Company Email Donna.HeerenSandoval@hcahealthcare.com

Section 2: Personal Information

First Andrew Middle Insoo Last Kim

Alias(es, nicknames, name changes, etc.) Insoo Kim

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Fulford Ct

City Henderson State NV Zip 89052

Telephone [redacted] Email andrewkim@nevadagastro.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials AK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Chicago, Pritzker School of Medicine		10/1998 to 6/2002	
Address	**City**	**State**	**Zip**
	Chicago	IL	
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY)	
University of Pennsylvania		9/1994 to 5/1998	
Address	**City**	**State**	**Zip**
	Philadelphia	PA	
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Webster High School		9/1990 to 6/1994	
Address	**City**	**State**	**Zip**
	Webster	NY	
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2012 to present	[redacted] Fulford Ct	Henderson	NV	89052
7/2009 to 10/2012	23 Tapadero Ln	Las Vegas	NV	89135

Applicant's initials AK

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Kim Chen, PLLC			9/2015 to present	
Business Address	**City**		**State**	**Zip**
9260 W. Sunset Rd, Suite 306	Las Vegas		NV	89148
Phone	**Title**			
702-483-4483	Physician, Managing Partner			
Description of Duties				
Evaluated and treat patients, management of practice				

Business Name			From - To (MM/YY – MM/YY)	
Southwest Medical Associates			8/2009 to 9/2015	
Business Address	**City**		**State**	**Zip**
2316 W. Charleston Blvd, Suite 280	Las Vegas		NV	89102
Phone	**Title**			
	Physician			
Description of Duties				
Evaluated and treated patients				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AK

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3/12/19		NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-19-790980-C				
Reason/Charge				
Patient inappropriately referred to a colorectal surgeon for mass seen on colonoscopy.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/14/21
Date

Applicant's initials AK

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.

Andrew Kim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/14/21

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Andrew 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/14/21

Date

Subscribed and Sworn to before me this 14th day of July 2021.

Notary Public Signature

RANDY KATZ
Notary Public, State of Nevada
No. 00-63045-1
My Appt. Exp. Feb. 1, 2024

(Seal)

Applicant's initials AK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Comprehensive Digestive Surgicenter, LLC

Physical Address: 8440 W. Warm Springs Rd

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702 9702383 Website:

Licensing Company Email: Donna.HeerenSandoval@hcahealthcare.com

Section 2: Personal Information

First: john Middle: Kaveh Last: Ryan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Dean Martin Dr

City: Las Vegas State: NV Zip: 89103

Telephone: [redacted] Email: ryan@nevadagastro.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: JR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of South Carolina		1991 – 1995	
Address	**City**	**State**	**Zip**
6311 Garners Ferry Rd	Columbia	SC	29209
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY)	
Stanford University		1986 – 1990	
Address	**City**	**State**	**Zip**
450 Serra Mall Stanford	CA Stanford,	CA	94305
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
International Lycee of St Germain			
Address	**City**	**State**	**Zip**
	St Germain en Laye,		France
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2019 to present	[redacted] Dean Martin Dr	Las Vegas	NV	89103
9/2010 – 10/2019	4575 Dean Martin Dr. #707	Las Vegas	NV	89103

Applicant's initials _____ 2

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Kim Chen, PLLC			From - To (MM/YY – MM/YY): 9/2015 to present	
Business Address: 9260 W Sunset Rd, Suite 306	City: Las Vegas		State: NV	Zip: 89148
Phone: 702 483 4483	Title: Physician, Partner			
Description of Duties: Evaluate and treat patients				

Business Name: University of Nevada			From - To (MM/YY – MM/YY): 07/2014 – 9/2015	
Business Address: 1707 W Charleston Blvd ste 220	City: Las Vegas		State: NV	Zip: 89102
Phone	Title: Attending Physician / Faculty			
Description of Duties: Teach, treat patients				

Business Name: Southwest Medical Associates			From - To (MM/YY – MM/YY): 9/2011 – 7/2014	
Business Address: 2316 W Charlestan Blvd	City: Ste 280 Las Vegas		State: NV	Zip: 89102
Phone	Title: Physician			
Description of Duties: Treat patients				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3/12/19		NV	Las Vegas	Clark County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-19-790980-C	Clark County District Court

Reason/Charge

Allegation by a patient that she was inappropriately referred to a colorectal surgeon

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Janice Smith	Pending

Name of Business/Industry/Entity

Kim Chen PLLC

Provide explanation below:

Kim Chen PLLC dba Comprehensive Digestive Institute of Nevada is named as a defendant in this case. The allegation is that the patient was inappropriately referred to a surgeon for further evaluation of a mass seen on colonoscopy

Original Signature (electronic, copies or stamps not accepted)

7/20/21

Date

Applicant's initials JR

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.

John Ryan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/20/21

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, John Ryan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/20/21

Date

Subscribed and Sworn to before me this 20th day of July 2021.

Notary Public Signature

RANDY KATZ
Notary Public, State of Nevada
No. 00-63045-1
My Appt. Exp. Feb. 1, 2024

(Seal)

Applicant's initials

4

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Comprehensive Digestive Surgicenter, LLC

Physical Address 8440 W. Warm Springs Rd.

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-970-2383 Website _____

Licensing Company Email Donna.HeerenSandoval@hcahealthcare.com

Section 2: Personal Information

First David Middle Quan Last Shih

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Teo Boyd St.

City Las Vegas State NV Zip 89148

Telephone [redacted] Email dshih@nevadagastro.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials DS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Weill Cornell Medical College		09/94 - 05/03	
Address	**City**	**State**	**Zip**
1300 York Avenue	New York	NY	10065
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY)	
Massachusetts Institute of Technology		09/90 - 05/94	
Address	**City**	**State**	**Zip**
77 Massachusetts Avenue	Cambridge	MA	02139
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Orange High School		09/86 - 06/90	
Address	**City**	**State**	**Zip**
525 N. Shaffer Street	Orange	CA	92867
Diploma/Degree obtained, if any			
HIgh School diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/17 - present	[redacted]Teo Boyd St	Las Vegas	NV	89148
12/11 - 08/18	3816 Sky View Ln	La Crescenta	CA	91214

Applicant's initials DS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Kim Chen PLLC dba Comprehensive Institute of Nevada			07/17 - present
Business Address	**City**	**State**	**Zip**
9260 W. Sunset Rd. Suite 306	Las Vegas	NV	89148
Phone	**Title**		
702-483-4483	Physician, Partner		
Description of Duties			
Evaluate and treat patients with gastrointestinal problem			

Business Name			From - To (MM/YY – MM/YY)
Cedars-Sinai Medical Center			07/09 - 06/17
Business Address	**City**	**State**	**Zip**
8700 Beverly Blvd	Los Angeles	CA	90048
Phone	**Title**		
310-423-3277	Associate Professor		
Description of Duties			
Teach medical students, residents, gastroenterology fellows. Evaluate and treat patients with inflammatory bowel disease.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03-12-19	06-15-20	NV	Las Vegas	Clark County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-19-790980-C	Clark County District Court

Reason/Charge
Allegation by a patient that she was inappropriately referred to a colorectal surgeon

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Janice Smith	Pending

Name of Business/Industry/Entity
Kim Chen, PLLC

Provide explanation below:

Kim Chen PLLC dba Comprehensive Institute of Nevada is named as a Defendant in Case No. A-19-790980-C. The case involves an allegation by a patient that she was inappropriately referred to a colorectal surgeon for further evaluation of a mass seen on colonoscopy.

Original Signature (electronic, copies or stamps not accepted)

7-14-21
Date

Applicant's initials DS

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.

David Shih

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-14-21

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, DAVID SHIH, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7-14-2021

Date

Subscribed and Sworn to before me this 14TH day of July 2021.

Notary Public Signature

RANDY KATZ
Notary Public, State of Nevada
No. 00-63045-1
My Appt. Exp. Feb. 1, 2024

(Seal)

Applicant's initials DS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Comprehensive Digestive Surgicenter, LLC

Physical Address 8440 W. Warm Springs Rd

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-970-2383 Website _____

Licensing Company Email donna.heeren sandoval@hcahealthcare.com

Section 2: Personal Information

First Christian Middle Diaz Last Stone

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Sapphire Bay Cir

City Las Vegas State NV Zip 89128

Telephone [redacted] Email cstone@nevadagastro.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials CS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)
University of California, Berkeley		7/86 - 12/90
Address	**City**	**State / Zip**
110 Sproul Hall	Berkeley	CA 94720
Diploma/Degree obtained, if any		
B.S.		

School Name		From - To (MM/YY – MM/YY)
Servite High School		7/82 - 6/86
Address	**City**	**State / Zip**
1452 W. La Palma	Anaheim	CA 92801
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State / Zip**
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
University of California, Irvine School of Medicine		7/91 - 6/95
Address	**City**	**State / Zip**
1001 Health Sciences Rd	Irvine	CA 92617
Diploma/Degree obtained, if any		
M.D.		

School Name		From - To (MM/YY – MM/YY
Address	**City**	**State / Zip**
Diploma/Degree obtained, if any		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/98 - 7/01	Boston Medical Ctr GI Fellowship	Boston	MA	02118
8/95 - 7/98	Thomas Jefferson IM Residency	Philadelphia	PA	19107
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Kim Chen PLLC			9/15 - Present	
Business Address	**City**		**State**	**Zip**
9260 W. Sunset Rd Suite 306	Las Vegas		NV	89148
Phone	**Title**			
702-483-4483	Physician, Managing Partner			
Description of Duties				
GI medical practice				

Business Name			From - To (MM/YY – MM/YY)	
University of Nevada School of Medicine			7/2010 - 11/2015	
Business Address	**City**		**State**	**Zip**
1707 W. Charleston #400	Las Vegas		NV	89102
Phone	**Title**			
702-676-3680	Chief of GI faculty			
Description of Duties				
GI medical practice				

Business Name			From - To (MM/YY – MM/YY)	
Washington Univ. in St. Louis School of Medicine			8/01 - 9/09	
Business Address	**City**		**State**	**Zip**
660 S. Euclid Ave #8124	St. Louis		MO	63110
Phone	**Title**			
314-362-8940	Assoc. Prof of Medicine			
Description of Duties				
GI medical practice				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials CS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/2/98	7/30/04	MA	Boston	Suffolk
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
SUCV 2003-03555	Suffolk County Superior Court			
Reason/Charge				
Alleged failure to diagnose cancer.				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Patricia Robinson	Dismissed w prejudice			
Name of Business/Industry/Entity				
Christian Stone, MD				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/15/21
Date

Applicant's initials CS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3/12/19		NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-19-790980-C	Clark County District Court

Reason/Charge
Allegation that a patient was inappropriately referred for surgery

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Janice Smith	Lawsuit pending

Name of Business/Industry/Entity
Kim Chen PLLC

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/15/21
Date

Applicant's initials CS

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.

Christian Stone

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/20/21

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Christian Stone, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/20/21

Date

Subscribed and ~~Sworn~~ to before me this 20th day of JUN 2021.

Notary Public Signature

RANDY KATZ
Notary Public, State of Nevada
No. 00-63045-1
My Appt. Exp. Feb. 1, 2024

(Seal)

Applicant's initials CS

10C

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: FIRST CHOICE PHARMACY, LLC

Physical Address: 7260 S. CIMARRON RD

City: LAS VEGAS State: Zip Code: NV, 89113 Telephone:

702-690-7889 Fax: 702-690-7889 Toll Free Number: N/A

E-mail: Djam.hamid@gmail.com

Website: N/A

Managing Pharmacist: ANJA PALAZOVA License Number: 20808

OK M.H 8/17/21

TYPE OF PHARMACY AND SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

Hamid Djam

Print Name of Authorized Person

7-21-2021

Date

Board Use Only Date Processed:_____ Amount: $500 check# 1093531830

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: Zunera Nasim %: 50

Name: Hamid Djam %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: FIRST CHOICE PHARMACY, LLC

Mailing Address: 7260 S. Cimarron Rd Suite 120

City, State Zip Code: Las Vegas, NV 89113

Telephone Number: 702-690-7889 Fax Number: 702-690-7889

Contact Person: Hamid Djam

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: n/a %: _____

Name: n/a %: _____

Hours of Operation for the pharmacy:

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

Sunday x am x pm 24 Hours x

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20212141719

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Hamid Djam

Responsible Person of First Choice 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

Hamid Djam
Print Name of Authorized Person

7-20-2021
Date

Managing Pharmacist

Pharmacist Name: Anja Palazova License #: 20808

Pharmacy Name: First Choice Pharmacy, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

7-19-2021
Date

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

First Choice Pharmacy LLC

Organizational Documents on File	Filing Date

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, First Choice Pharmacy LLC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/18/2021, 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 07/15/2021

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202107151840203
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler FIRST CHOICE PHARMACY, LLC

Physical Address 7260 S. Cimarron Rd, Suite 120

City Las Vegas State Nevada Zip 89113

Mailing Address (if different from physical address) 7260 S. Cimarron Rd, Suite 120

City Las Vegas State Nevada Zip 89113

Telephone 702-690-7889 Website n/a

Licensing Company Email n/a

Section 2: Personal Information

First Anja Middle _____ Last Palazova

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Hawaiian Summer St

City Las Vegas State NV Zip 89123

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☒ No AP

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔ AP

Applicant's initials AP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University St. Cyril and Methodius		10/2006-10/2011	
Address	**City**	**State**	**Zip**
Mother Theresa 37	Skopje	Macedonia	1000
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
Gymnasium Jane Sandanski		10/2002-10/2006	
Address	**City**	**State**	**Zip**
Plaza Goce Delcev	Strumica	Macedonia	2400
Diploma/Degree obtained, if any			
High School Degree			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05-2019-present	[redacted] Hawaiian Summer St	Las Vegas	NV	89123
01/2016-05/2019	555 E. Silverado Ranch Blvd	Las Vegas	NV	89183
11/2015-01/2016	3301 Ailsworth Ct.	Darien	IL	60561
10/2006-06/2011	Kosta Novakovic 48 2/2	Skopje	Macedonia	1000
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Smith's Food and Drug Pharmacy			01/2020-03/2021	
Business Address		**City**	**State**	**Zip**
10600 Southern Highlands Pkwy		Las Vegas	NV	89141
Phone	**Title**		**Number of Employed Hours**	
702-254-0823	Pharmacist Intern		2200	
Description of Duties				
Counseling patients on Rx and OTC medications, handling issues with compliance, insurance, automatic refills, inventory check, and compliance with federal and state law.				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens Pharmacy			01/2017-10/2017	
Business Address		**City**	**State**	**Zip**
2400 E Tropicana Ave		Las Vegas	NV	89121
Phone	**Title**		**Number of Employed Hours**	
702-435-6289	Pharmacy Technician		1100	
Description of Duties				
Filling and labeling prescriptions, solving insurance issues, maintaining accurate stock, assisting the Pharmacist in pharmacy related tasks.				

Business Name			From - To (MM/YY – MM/YY)	
Eurofarm Pharmacy			02/2013-11/2015	
Business Address		**City**	**State**	**Zip**
Boulevard Marshal Tito bb		Strumica	Macedonia	2400
Phone	**Title**		**Number of Employed Hours**	
+389-34-328-883	Staff Pharmacist		5280	
Description of Duties				
Counseling care to high volume of patients for OTC and Rx medications, addresing issues with compliance, maintaining accurate stock of Controlled substances, trains personnel, verification of medication orders, compliance with state law.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔ N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7-21-21
Date

Applicant's initials AP

I, Anja Palazova, **certify that as the designated representative for**

First Choice Pharmacy, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Anja Palazova

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-20-2021

Date

Applicant's initials AP

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.

Anja Palazova

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-20-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Anja Palazova, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7-21-2021

Date

Subscribed and Sworn to before me this 21st day of July.

Notary Public Signature

LYNDA E. ARZATE REZA
Notary Public, State of Nevada
Appointment No. 19-5337-01
My Appt. Expires Aug 11, 2023
(Seal)

Applicant's initials AP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: First Choice Pharmacy, LLC

Physical Address: 7260 S. Cimarron Rd, Suite 120

City: Las Vegas State: Nevada Zip: 89113

Mailing Address (if different from physical address): 7260 S. Cimarron Rd, Suite 120

City: Las Vegas State: Nevada Zip: 89113

Telephone: 702-690-7889 Website: n/a

Licensing Company Email: n/a

Section 2: Personal Information

First: Hamid Middle: Reza Last: Djam

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Red Springs Dr

City: Las Vegas State: NV Zip: 89135

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	✔ HD

Applicant's initials HD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Louise De Coligny - Highschool		1987-1990	
Address	**City**	**State**	**Zip**
Rooseboomstraat 10, 2593	Leiden, The Netherlands	N/A	N/A
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Califonia State University Fullerton		1996-2000	
Address	**City**	**State**	**Zip**
800 N State College Blvd	Fullerton	CA	92831
Diploma/Degree obtained, if any			
B.S. Computer Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/2019 - present	[redacted] Red Springs Dr	Las Vegas	NV	89135
6/2016-3/2019	10281 Rarity Ave	Las Vegas	NV	89135
3/2014 - 6/2016	3395 Michelson Dr Apt 4463	Irvine	CA	92612
2013-2014	261 S Hudson Ave #3	Pasadena	CA	91101
2012-2013	19306 Telmo	Irvine	CA	92618
2008-2012	29 Via Brida	Rancho Santa Margarita	CA	92608

Applicant's initials HD

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
EMC / Dell Technologies			8/2011-Present
Business Address	**City**	**State**	**Zip**
176 South ST	Hopkinton	MA	01748
Phone	**Title**		
949-340-4889	Chief Technology Officer		
Description of Duties			
Subject matter expert in artificial intelligence and analytics			

Business Name			From - To (MM/YY – MM/YY)
Teradata			1/2010 - 8/2011
Business Address	**City**	**State**	**Zip**
17095 Via Del Campo	San Diego	CA	92127
Phone	**Title**		
858-485-4000	Product Manager		
Description of Duties			
Subject matter expert in artificial intelligence and analytics			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials HD

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔ N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following ***where applicable***:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

07/14/2021

Date

Applicant's initials +ID

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.

Hamid Djam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/20/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Hamid Djam, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/21/2021

Date

Subscribed and Sworn to before me this 21st day of July.

Notary Public Signature

LYNDA E. ARZATE REZA
Notary Public, State of Nevada
Appointment No. 19-5337-01
My Appt. Expires Aug 11, 2023

(Seal)

Applicant's initials HD

UNANIMOUS CONSENT AND RESOLUTION OF THE MEMBERS OF FIRST CHOICE PHARMACY, LLC

Pursuant to the operating agreement of First Choice Pharmacy, LLC an LLC organized under the State of Nevada, on July 19th 2021, the undersigned, constituting all the members of this LLC, do hereby unanimously resolve and consent in lieu of a formal meeting to the following actions:

1. The LLC is hereby authorized to apply for a Nevada Pharmacy License in the name of First Choice Pharmacy, LLC.

All members hereby waive notice and meeting with regard to the above actions. This resolution shall have the same force and effect as a vote of the LLC Members

Dated this 15th day of July 2021.

Hamid Djam, Managing Member

Zunera Nasim, Managing Member

September 20, 2021

Re: First Choice Pharmacy, LLC Pharmacy Application Supplement

To whom it may concern-

It has come to my attention that there may be certain questions regarding my work history over the past 10 years. While it feels as though I have not worked in 10 years, looking back through my records, my last employment was in 2013 at my brothers Diner, Court Grill Diner. At the Diner my primary role was to act as a manager of the diner by hiring staff, accounting, finance and inventory management. As such, attached please find my amended personal history application to reflect this employment from January 2012 to March 2013. I have been happily married for the past ten years and since 2013, I have been blessed with the opportunity to stay home and focus on my two children and running our household. As my children are getting older, I am looking forward to get back into the workforce and having an active role in First Choice Pharmacy, LLC.

Thank you,

Zunera Nasim

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler First Choice Pharmacy, LLC

Physical Address 7260 S. Cimarron Rd

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-690-7889 Website n/a

Licensing Company Email n/a

Section 2: Personal Information

First Zunera Middle _____ Last Nasim

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address [redacted] Raywood Ash Dr

City Las Vegas State NV Zip 89138

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials zn

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.) Applicant's initials

School Name			From - To (MM/YY – MM/YY)
New Jersey City University			7/11/-06/14
Address	**City**	**State**	**Zip**
2039 Kennedy Blvd	Jersey City	NJ	07305
Diploma/Degree obtained, if any			
Bachelors Degree- Psychology			
School Name			**From - To (MM/YY – MM/YY)**
Rutgers- Newark			06/06-06/11
Address	**City**	**State**	**Zip**
123 Washington Street	Newark	NJ	07102
Diploma/Degree obtained, if any			
BAchelors Degree- Biology			
School Name			**From - To (MM/YY – MM/YY)**
William L. Dickenson High School			09/03-06/06
Address	**City**	**State**	**Zip**
2 Palisade Avenue	Jersey City	NJ	07306
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/19- present	[redacted]Raywood Ash	Las Vegas	NV	89138
11/16-02/19	1882 Ardilea Street	Las Vegas	NV	89135
10/08/11/16	14 East 46 Street	Bayonne	NJ	07002
11/02-09/08	183 Liberty Avenue	Jerset City	NJ	07306

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
First Choice Pharmacy, LLC		06/21-present	
Business Address	**City**	**State**	**Zip**
7260 S. Cimmeron Rd, Suite 120	Las Vegas	NV	89113
Phone	**Title**		
702-690-7889	Manager		
Description of Duties			
Manager/owner of new pharmacy			

Business Name		From - To (MM/YY – MM/YY)	
Court Grill Diner (No longer in Business)		01/12-03/13	
Business Address	**City**	**State**	**Zip**
626 Newark Avenue	Jersey City	NJ	07306
Phone	**Title**		
201-792-0300	manager		
Description of Duties			
hiring staff, bookkeeping, and inventory management for diner			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 2: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	Yes	No ✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials ZN

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials zn

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.

ZUNERA NASIM

Print Name (First, Last)

Zunera Nasim — 09-21-21

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, ZUNERA NASIM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Zunera Nasim — 09-21-21

Original Signature — **Date**

State of Nevada.
County of Clark

Subscribed and Sworn to before me this 21st day of September. 2021

Jim Liaos

Notary Public Signature

JIM LIAOS
Notary Public - State of Nevada
County of Clark
APPT. NO. 07-1102-1
My App. Expires Dec. 29, 2022

(Seal)

Applicant's initials ZN

BECKSTROM & BECKSTROM
Attorneys and Counselors at Law

James A. Beckstrom, Esq. *
Kiley N. Beckstrom, Esq. *
5940 S. Rainbow Blvd Suite 2010
Las Vegas, Nevada, 89118
(702) 835-9289
JB@Beckstromlaw.com
KB@Beckstromlaw.com
* Licensed in CA and NV

August 5, 2021

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

RE: First Choice Pharmacy, LLC – Application for State of Nevada Pharmacy License
Our File No. 21-00023

To Whom It May Concern:

On behalf of our client, First Choice Pharmacy LLC, please accept the enclosed documents and application fee necessary to complete the application process for a State of Nevada Pharmacy License.

As always, we appreciate your professionalism and the attention you provide in these matters. If you have any questions or need additional information, please contact the undersigned at (702) 835-9333.

Kiley N.Beckstrom, Esq.
Beckstrom & Beckstrom, LLP
5940 S. Rainbow Blvd.
Las Vegas, NV 89118
O: 702.835.9289
M. 714.875.0351
kb@beckstromlaw.com
Licensed: CA & NV

RECEIVED
AUG 6 2021
NEVADA STATE BOARD OF PHARMACY

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
Zunera Nasim	USA

Address	City	State	Zip/Postal Code
[redacted] RAYWOOD ASH DR	Las Vegas	NV	89138

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
Hamid Djam	USA

Address	City	State	Zip/Postal Code
[redacted] RED SPRINGS DR	LAS VEGAS	NV	89135

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 Zunera Nasim

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*

Manager
Title

06/21/2021
Date

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Anja Palazova

Date: 08/17/2021
Amount:
License #: 20808

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2021

Anja Palazova

License #
20808
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2021
STATUS: Active

License Type: Pharmacist
License #: 20808

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Anja Palazova

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

10D

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: Green Leaf Pharmacy LLC / dba Greenbay Specialty Pharmacy

Physical Address: 3483 S Eastern Avenue, Ste 100

City: Las Vegas State: Zip Code: NV 89169 Telephone: 419-408-8840

Fax: 855-928-5544 Toll Free Number: 855-928-5544

E-mail: greenbaypharmacylv@gmail.com

Website: _____

Managing Pharmacist: Jose Ferran License Number: 16283 ✓OK M.H 9/16/21

TYPE OF PHARMACY AND SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

P.H. Patel

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

Parag Harshadbhai Patel

Print Name of Authorized Person

8/19/2021

Date

Board Use Only	Date Processed:	Amount: 500	MO # 19254444191

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 3483 S Eastern Avenue, Ste 100

City: Las Vegas State: NV Zip: 89169

Telephone: 419-408-8840 Fax: 855-928-5544

Contact Person: Parag Harshadbhai 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) Parag Harshadbhai Patel — 3483 S Eastern Avenue, Ste 100, Las Vegas, NV 89169
Name — Business Address

b) _____
Name — Business Address

c) _____
Name — Business Address

d) _____
Name — Business Address

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

3) What was the price paid per share? $0.001

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9.00 am 5.00 pm Saturday Closed am Closed 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, Parag Harshadbhai Patel

Responsible Person of Green Leaf Pharmacy LLC dba Greenbay Specialty 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.

P. H. Patel

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

Parag Harshadbhai Patel
Print Name of Authorized Person

8/19/2021
Date

Y

Managing Pharmacist

Pharmacist Name: Jose Ferran License #: 16283

Pharmacy Name: Greenbay Specialty 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: 3/18/2018 Case #: 17-039-FPH-S

And/or Criminal Action: State: UT Date: 9/2/2000 Case #: 41-6A-502

County Heber Court: Wasatch County Justice Court
Wasatch

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 8/19/21

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **green leaf 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 08/05/2021, 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 08/17/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202108171917920
You may verify this certificate online at http://www.nvsos.gov

Greenbay Specialty Pharmacy

3483 S Eastern Avenue, Ste 100

Las Vegas, NV 89169

Ph: 419-408-8840 Fax: 855-924-5544

List of Officers & Directors

Parag HarshadBhai Patel

Designated Representative

Kardam Panjabi

Pharmacist-In Charge

Jose Ferran

Pharmacy Technician Certification Board

Telephone: 800-363-8012 | Fax: 202-429-7596 | Email: contact@ptcb.org | Website: www.ptcb.org

OFFICIAL SCORE REPORT

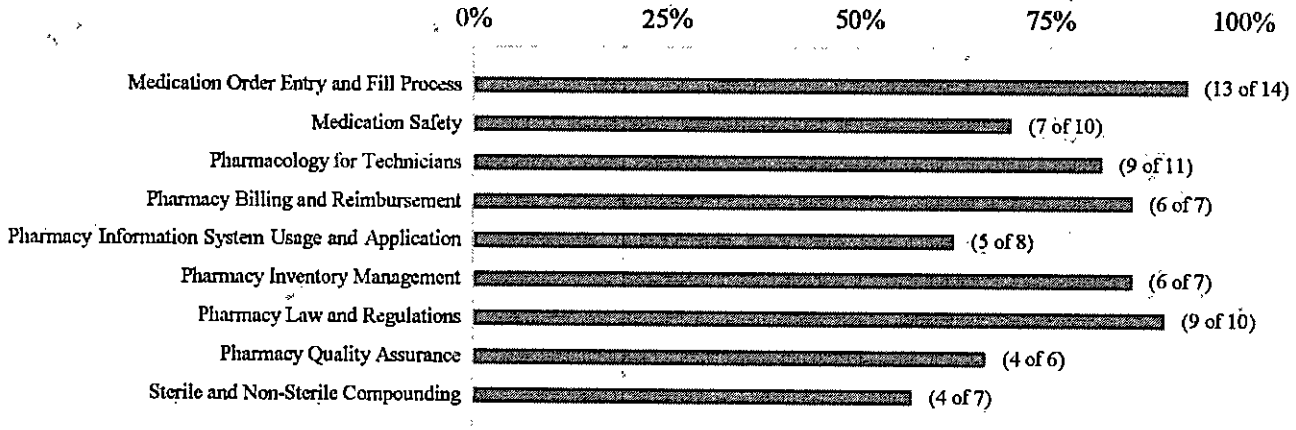
kardam d panjabi
[redacted] aliso creeek street
henderson , NV 89044

Candidate ID: 874830
Exam Authorization: 10123013
Exam Name: Pharmacy Technician Certification Exam
Exam Date: 1/23/2015
Your Scaled Score: 1475
Passing Score: 1400

Congratulations! We are pleased to inform you that you passed the Pharmacy Technician Certification Exam (PTCE) on 1/23/2015. Your scaled score is 1475 and the passing scaled score is 1400. Your scaled score, rather than your raw score, is reported, because the scaled score will not vary with slight differences in the difficulty level of the exam. Your scaled score represents your raw score (the number of items that you answered correctly) transformed to a scaled score that ranges from 1000 to 1600.You can download/print an electronic version of your certificate or validate your certificate at any time from your PTCB account. Please contact your state board of pharmacy for information about registration or requirements.

Your total scaled score, as reported above, is a reliable measure of your knowledge of the PTCE content. Domain scores (the number of items you answered correctly for each knowledge domain) are outlined in the chart below to provide additional detail regarding your exam performance. Please note that domain scores are less reliable than your total score and some domains may be easier than others. Your domain scores are not comparable to the domain scores of other candidates or to other exam attempts that you make. Domain scores are not necessarily an accurate reflection of your relative strengths and areas for improvement. Your true knowledge of a domain may vary greatly (by +-20% or more) from the reported domain score.

PTCE Domain Performance



Nevada State Board of Pharmacy

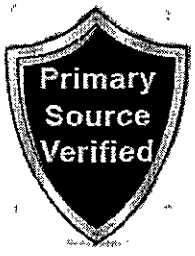
For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on **disciplinary actions taken against licensees**, please send an email to shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov).

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
PANJABI	KARDAM	PT17184	HENDERSON	NV	United States	None	

License Number : PT17184
Name : PANJABI, KARDAM
License Type : Pharmaceutical Technician
License Status : Active
License Date : 07/31/2015
Discipline :
Expiration Date : 10/31/2022



Document Type	Date	Name	Other Name	Is Public?	Status	Uploaded By	Link	Actions

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler GREENBAY SPECIALTY PHARMACY

Physical Address 3843 S EASTERN AVE LAS VEGAS

City Las VEGAS SUITE 108 State NV Zip 89169.

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 419-408-8840 Website _____

Licensing Company Email greenbaypharmacyLV@gmail.com

Section 2: Personal Information

First Kardam Middle D Last Panjabi

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Aliso Creek street

City Henderson State NV Zip 89044.

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials KP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Angels School			From - To (MM/YY – MM/YY): 2005-2006.	
Address: Zitodia Road	City: Anand	State: Gujarat	Zip: 388001	
Diploma/Degree obtained, if any: 12th grade			India.	
School Name: NVPAS			From - To (MM/YY – MM/YY): 2007-2009.	
Address: V.V. nagar Moti Bazar	City: V.V. Nagar.	State: Gujarat	Zip:	
Diploma/Degree obtained, if any: Bacherlor in Science.			India.	
School Name: University of findlay.			From - To (MM/YY – MM/YY)	
Address: 1000 N Main st	City: findlay	State: OH	Zip: 45840	
Diploma/Degree obtained, if any: (MBA) Master in healthcare Management.			USA.	
School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 current	[redacted] Alico Creek st.	Henderson	NV	89044.
2015-2018	4945 Sail Rock Place	N las Vegas	NV	89031
2013-2015	18909 Lloyd Circle	Dallas	TX	75252.
2011-2013	143 Tara Oak Circle.	Lady lake	FL	32159
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials KP

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Asp Cares Pharmacy Licnum: PT17184			From - To (MM/YY – MM/YY): 2015 - 2021
Business Address: 501 S Rancho Dr, G46	City: Las Vegas	State: NV	Zip: 89106
Phone: 702912-4844	Title: Manager (Business analyst)	Number of Employed Hours: 80 hour Biweekly since 2015	
Description of Duties: Marketing, Management, Business financial Graph, Vendor Contract, Insurance Contracts..			

Business Name: Asp Cares pharmacy.			From - To (MM/YY – MM/YY): 2013 - 2014.
Business Address: 13988 Diplomat Dr suite 100	City: Fulmer Branch	State: TX	Zip: 75234.
Phone	Title: Pharmacy Manager (Business Analyst)	Number of Employed Hours: 80 hours Biweekly.	
Description of Duties: Marketing, Management, financial structure, Contracting			

Business Name: RxOne pharmacy (Benzer now)			From - To (MM/YY – MM/YY): 2011 - 2013
Business Address: 717 W Lancaster Rd	City: Orlando	State: FL	Zip: 32809
Phone: 407-855-4710	Title: Manager. Business Analyst	Number of Employed Hours: 80 hour Biweekly	
Description of Duties: Same Job Description as above (See attach. licenes, PTCB).			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials KP

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials KP

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials KP

I, Kardam Panjabi, **certify that as the designated representative for** Greenbay Specialty pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kardam Panjabi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/19/2021

Date

Applicant's initials KP

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.

Kardam Panjabi
Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

8/19/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Kardam Panjabi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/19/2021
Date

Subscribed and Sworn to before me this 19 day of Aug 2021.

Notary Public Signature

JEROD PEREZ
Notary Public, State of Nevada
Appointment No. 17-3175-1
My Appt. Expires Aug 31, 2021

(Seal)

Applicant's initials KP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Greenbay Specialty Pharmacy

Physical Address 3483 S Eastern Ave suite 100

City Las Vegas State NV Zip 89169

Mailing Address (if different from physical address) - SAME -

City _____ State _____ Zip _____

Telephone 419-408-8840 Website _____

Licensing Company Email greenbaypharmacylv@gmail.com

Section 2: Personal Information

First PARAG Middle H Last PATEL

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] DUSTY PINE DR

City APOPKA State FL Zip 32703

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: — to: —

Military Occupation/Specialty — N/A —.

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials PHP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Fairleigh Dickinson University, School of Pharmacy			08/12 – 05/16	
Address		City	State	Zip
285 Madison Ave		Madison	NJ	07940
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Fairleigh Dickinson University			08/12 – 05/16	
Address		City	State	Zip
285 Madison Ave		Madison	NJ	07940
Diploma/Degree obtained, if any				
Master of Health Science in Health Informatics				
School Name			From - To (MM/YY – MM/YY)	
Hemchandracharya North Gujarat University			06/03 – 05/07	
Address		City	State	Zip
PA NO 21 Rajmahal Road (India)		Patan	Gujarat	384265
Diploma/Degree obtained, if any				
Bachelor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Vijaynagar Higher Secondary School			01/2001 – 05/2003	
Address		City	State	Zip
Vijaynagar high school Rd, Patrakar colony		Ahmedabad (Ind)	Gujarat	380013
Diploma/Degree obtained, if any				
High School.				
School Name			From - To (MM/YY – MM/YY	
—				
Address		City	State	Zip
—				
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/18 – Current	[redacted] Dusty Pine Dr	Apopka	FL	32703
08/17 – 06/18	2467 Route 10 East. Bldg 27-3B	Morris Plains	NJ	07950
09/14 – 08/17	16A GRACE Road	Lake Hiawatha	NJ	07034
09/12 – 09/14	1100 Parsippany Blvd. Apt 213	Parsippany	NJ	07054
08/11 – 09/12	109E Waldon Road	Abingdon	MD	21009
12/10 – 08/11	309 S Parke St, Apt B47	Aberdeen	MD	21001
—	—	—	—	—
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AK.

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Angels Pharmacy III LLC.			From - To (MM/YY – MM/YY): 04/18 - Current
Business Address: 7455 S US-1. Ste A	City: Titusville	State: FL	Zip: 32780
Phone: 321-225-4833	Title: Pharmacist - In-Charge, Co-owner		
Description of Duties: All pharmacy Management. Filling & Verify Rx. Inventory Management Record keeping - Regulatory Requirements			

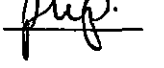
Business Name: CVS Pharmacy			From - To (MM/YY – MM/YY): 08/16 - 04/18
Business Address: 514 Park Ave	City: Scotch Plains	State: NJ	Zip: 07076
Phone: 908-322-7499	Title: Pharmacist		
Description of Duties: Filling & Verify Rx. Inventory Management, Record keeping - Work flow management			

Business Name: CVS Pharmacy			From - To (MM/YY – MM/YY): 12/12 - 07/16
Business Address: 187 Columbia Turnpike	City: Florham Park	State: NJ	Zip: 07932
Phone: 973-377-5655	Title: Pharmacy Intern		
Description of Duties: Helping pharmacist in Filling Rx. Data entery. Inventory management, Rx drop-off & pick up.			

Business Name: Medicap Pharmacy			From - To (MM/YY – MM/YY): 09/11 - 08/12
Business Address: 602 S Atwood Rd # 101	City: Belair	State: MD	Zip: 21014
Phone: 410-638-2730	Title: Pharmacy Technician		
Description of Duties: Helping pharmacist in Filling. Data entry, pick up, Drop off Rx. Inventory Management.			

Business Name: Weis Pharmacy			From - To (MM/YY – MM/YY): 08/11 - 11/11
Business Address: 943 Pulaski Hwy	City: Havre-De-Grace	State: MD	Zip: 21078
Phone: 410-939-4262	Title: Pharmacy Technician.		
Description of Duties: Filling Medication & Pick up Rx, Ordering Meds.			

Continue on next page if additional space is needed.

Applicant's initials 

Business Name		From - To (MM/YY – MM/YY)
Dunkin Donuts		03/11 – 08/11
Business Address	**City**	**State** / **Zip**
2105 Calvary Rd	Bel Air	MD 21015
Phone	**Title**	
410-734-6500	Cashier	
Description of Duties		
Customer Service, Take customer order & preparation.		

Business Name		From - To (MM/YY – MM/YY)
–		
Business Address	**City**	**State** / **Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
–		
Business Address	**City**	**State** / **Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
–		
Business Address	**City**	**State** / **Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
–		
Business Address	**City**	**State** / **Zip**
Phone	**Title**	
Description of Duties		

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	—	N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case # — N/A —		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

— N/A —.

P.H. Patel

Original Signature (electronic, copies or stamps not accepted)

8/20/2021

Date

Applicant's initials php.

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.

Parag Patel
Print Name (First, Last)

P.H. Patel
Original Signature (electronic, copies or stamps not accepted)

8/20/2021
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Parag H 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 the license, registration, permit, certificate or certification for which I am applying for.

P.H. Patel
Original Signature

8/20/2021
Date

Subscribed and Sworn to before me this 19th day of 2021.

Notary Public Signature

COREY STEVEN SAUSSY
Notary Public – State of Florida
Commission # GG 177577
My Comm. Expires Jan 22, 2022
Bonded through National Notary Assn.

(Seal)

Applicant's initials plp

10E

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: Las Vegas Community Pharmacy

Physical Address: 1820 E. Sahara Ave., Ste 201

City: Las Vegas State: Zip Code: 89104 Telephone:

(725) 228-8498 Fax: (725) 228-8499 Toll Free Number:

E-mail: lvcpharmacylicensing@gmail.com

Website:

Managing Pharmacist: Rithy Khim License Number: 20559 ✓ 7/22/21

TYPE OF PHARMACY AND SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

KPatel

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

KRISHNA PATEL

Print Name of Authorized Person

04/30/2021

Date

Board Use Only	Date Processed:_____	Amount: 500 Check # 954502826

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Las Vegus Community Pharmacy, Inc

Nevada Business Identification # NV20212034388
Expiration Date: 03/31/2022

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 03/05/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202103051488335
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Las Vegus Community Pharmacy, Inc** did, on 03/05/2021, file in this office the original Articles of Incorporation-For-Profit 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 03/05/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202103051488332
You may verify this certificate online at http://www.nvsos.gov

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6273 Narrow Isthmus Ave

City: Las Vegas State: NV Zip: 89139

Telephone: (725) 228-8498 Fax: (725) 228-8499

Contact Person: Abdul Chaudry

For any corporation non publicly traded, disclose the following:

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

a) Krishna Patel [redacted] S. Joe Wilson Rd. [redacted], Cedar Hill, TX 75104
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

3) What was the price paid per share? Type text here

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday closed am _____ pm

Sunday closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20212034388

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	Business Number
Barbara K. Cegavske	E12878312021-3
	Filing Number
	20211287830
Secretary of State	Filed On
State Of Nevada	03/05/2021 15:19:53 PM
	Number of Pages
	2

Formation - Profit Corporation

☑ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

Las Vegus Community Pharmacy, Inc

2. 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)

Abdul Razzaq Chaudry
Name of Registered Agent **OR** Title of Office or Position with Entity

[redacted] Narrow Isthmus Ave — Las Vegas — Nevada — 89139
Street Address — City — Zip Code

Mailing Address (If different from street address) — City — Nevada — Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X Abdul Razzaq Chaudry — 03/05/2021
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — **Date**

3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes **OR** ☑ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) Krishna Patel
Name

[redacted] S. Joe Wilson Road — Cedar Hill — TX — 75104
Address — City — State — Zip Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

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Formation - profit Corporation

Continued, Page 2

6. Benefit Corporation:
(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)

By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.

Yes ☐

7. Purpose/Profession to be practiced:
(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)

Pharmacy

8. Authorized Shares:
(Number of shares corporation is authorized to issue)

Number of common shares with Par value: 1000.0 Par value: $ .01

Number of preferred shares with Par value: 0 Par value: $ 0

Number of shares with no par value: 1000

If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.

9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.
Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.

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.

Zahid Reza, CPA			United States
Name			Country
[redacted] Dallas Parkway, Ste 210	Dallas	TX	75248
Address	City	State	Zip/Postal Code

X Zahid Reza, CPA (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
(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:

Las Vegus Community Pharmacy, Inc

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:

Filed in the Office of Barbara K. Cegavske Secretary of State State Of Nevada	Business Number **E12878312021-3** Filing Number **20211287832** Filed On **03/05/2021 15:19:53 PM** Number of Pages **2**

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming 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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www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
Krishna Patel	USA

Address	City	State	Zip/Postal Code
[redacted] S. Joe Wilson Road	Cedar Hill	TX	75104

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 Zahid Reza, CPA
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Incorporator	03/05/2021

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Krishna Patel

Responsible Person of Las Vegas Community Pharmacy, Inc

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

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

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

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

KRISHNA PATEL
Print Name of Authorized Person

04/30/2021
Date

Managing Pharmacist

Pharmacist Name: Rithy Khim License #: 20559

Pharmacy Name: Las Vegas Specialty 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 4/22/21

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>)

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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 6/14/21

Managing Pharmacist

Pharmacist Name: Rithy Khim License #: 26559

Pharmacy Name: Las Vegas Community 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: _____

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 06/17/2021

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 comer. 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

Las Vegas Community Pharmacy 1820 E Sahara Ave Ste 201 Las Vegas NV 89104
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
Patel	Krisnna	Vipul

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] S Joe Wilson Rd Apt [redacted] Cedar Hill TX 75104

Present Residence Address-Street or RFD	City	State/Zip
N/A		

Present Business Address	Dates	City	State/Zip
Officer	03/05/2021	Las Vegas	89139

Present Position with the Pharmacy or Wholesaler

Phone: Residence [redacted]

[redacted] V.V.Nagar, Anand, GJ, INDIA

Business N/A

Date of Birth	Place of Birth (City, County, State)	
44	[redacted]	Female

Age	Social Security Number	Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	Light Brown	137 lb	Medium	5 " 3

Scars, tattoos or distinguishing marks and/or characteristics Birth mark on a upper right leg, Scar from stitches over Right eyebrow

Are you a citizen of the United States? Yes ☐ No ☑ If alien, registration No [redacted]

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☑ Widowed ☐ Engaged ☐

Applicant's initial kp

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
Date City, County and State

Spouse's full name (Maiden)..... S.S. No.....

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
Vipul Patel	01/17/2017	04/27/2000	Divorce	Fayetteville, Cumberland county NC

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Vipul Patel	[redacted] Regent St	Sudbury	Ontario	CANADA	P3E 3Z7	[redacted]

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
Rishi Patel	[redacted]	Glen Ridge NJ	[redacted] FM 1463 Apt [redacted] Katy TX 77494

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 kp

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	Rameshchandra V. Patel	[redacted]	[redacted] Osprey Point Cir Pooler GA 31322	Retired
Mother	Sumitraben R. Patel	[redacted]	[redacted] Osprey Point Cir Pooler GA 31322	House keeping
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
Prashant Patel (Brother)	[redacted]	[redacted] Osprey Point Cir Pooler GA 31322	Cashier/Customer Service
Spouse			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	G.J.Sharda Mandir	V.V.Nagar INDIA GJ INDIA	07/1989 to 05/1992	Yes ☑ No ☐
High School	RPTP Science School	V.V.Nagar GJ INDIA	07/1992 to 05/1994	Yes ☑ No ☐
College University	Sudhakarrao Naik Institute of Pharmacy, Amravati University	Pusad, MH INDIA	07/1994 to 05/1998	Yes ☑ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Bachelor of Pharmacy

College or university where obtained Amravati University (INDIA)

Applicant's initiel kp

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 kp

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
04/2021 till now	[redacted] S Joe Wilson Rd Apt [redacted]	Cedar Hill	TX 75104
05/2020-03/2021	10113 Up River Rd Apt 10203	Corpus Christi	TX 78410
07/2019-06/2020	19275 Stone Oak Pkwy Apt 1826	San Antonio	TX 78258
07/2017-06/2019	24245 Wilderness Oak Apt 1506	San Antonio	TX 78258
06/2010-06/2017	2911 Seawater Ct	Fayetteville	NC 28306
12/2006-05/2010	416 Regency Drive Apt 102	Fayetteville	NC 28314
12/2005-11/2006	5440 Basking Ridge Dr Apt 111	Fayetteville	NC 28314
06/2003-11/2005	325 Marttila Dr Apt 322	Sudbury	ON P3E 2K6 (Canada)
01/2002-05/2003	6020 Bathurst St Apt 200	North York	ON M2R 1Z8(Canada)
12/2000-12/2001	6020 Bathurst St Apt 304	North York	ON M2R 1Z8(Canada)
06/1986-11/2000	B/33 Jalaramnagar Society, Nana Bazar	Vallabh Vidyanagar	GJ 388120 (India)

Applicant's initial kp

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
12/2005-12/2006	Rite Aid Pharmacy/ 7860 Raeford Rd Fayetteville NC 38304	1900

Title	Description of Duties	Name of Supervisor
Pharmacy Intern	Prepared prescriptions and processed insurance benefit information for verification and approval of pharmacists. Developed all essential pharmacist's skills under supervision of a preceptor	Carla Adkins

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
01/2007-07/2015	Rite Aid Pharmacy/2605 Raeford Rd Fayetteville NC 28303	15200

Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Assisted Pharmacy Manager in identifying ways to improve pharmacy results, inventory management, and enhance customer experience. Managed ancillary staff, trained technicians for better inventory management. Performed various pharmacist's tasks.	Mark McMahon

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
08/2015-06/2017	Rite Aid Pharmacy/2605 Raeford Rd Fayetteville NC 28303	2850

Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Performed pharmacy manager's responsibilities ensuring compliance with controlled substance act, state, and federal regulations. Managed inventory. Hired and trained new team members. Conducted competency and performance reviews for pharmacy personnel.	Mark McMahon

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
07/2017-09/2019	ASPCARES /2414 Babcock Rd # 111 San Antonio TX 78229	4000

Title	Description of Duties	Name of Supervisor
Pharmacist In Charge	Pharmacist-In-Charge responsibilities ensuring compliance with controlled substance act, state, and federal regulations. Performed various pharmacist's tasks, including filling and verifying prescriptions for high accuracy while multitasking.	Bharat Parcek

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
09/2019-05/2020	Rite Away Pharmacy/2235 Thousand Oaks Dr # 102 San Antonio TX 78232	940

Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Performed various pharmacist's tasks, including filling and verifying prescriptions for high accuracy while multitasking. Assisted Pharmacy Manager in identifying ways to improve pharmacy results, inventory management, and customer experience.	Robert Phelps

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
05/2020-06/2020	Orange Grove Pharmacy/108 S. Eugenia S.t Orange Grove TX 78372	120

Title	Description of Duties	Name of Supervisor
Pharmacist In Charge	Pharmacist-In-Charge responsibilities ensuring compliance with controlled substance act, state, and federal regulations to set up new pharmacy.	Ramana Mandadi

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
07/2020- 02/2021	Crawford Pharmacy/407 E Orange Ave, Orange Grove TX 78372	850

Title	Description of Duties	Name of Supervisor
Pharmacist In Charge	Pharmacist-In-Charge responsibilities ensuring compliance with controlled substance act, state, and federal regulations. Performed various pharmacist's tasks, including filling and verifying prescriptions for high accuracy while multitasking.Establishing new relationships with providers and customers..	Prem Kalidindi

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
05/2021 till Now	American Star Pharmacy/1323 E Franklin St # 100 Hillsboro TX 76645	210

Title	Description of Duties	Name of Supervisor
Pharmacist In Charge	Pharmacist-In-Charge responsibilities ensuring compliance with controlled substance act, state, and federal regulations. Performed various pharmacist's tasks, including filling and verifying prescriptions for high accuracy while multitasking	Rajeswari Kumar

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 kp

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
Deepa Pareek	[redacted] Hart Rd	Fairview	TX	75069	[redacted]	20
Name	Home					
Carla Adkins	7860 Raeford Rd	Fayetteville	NC	28304	Cell-[redacted]/Work- 910-826-3582	15
Employer	Business					
Gangadhar Revuluri	[redacted] Gran Heights	San Antonio	TX	78259	[redacted]	15
Name	Home					
Rozanne Valentini-Holcomb	2175 Old Us 421	Lillington	NC	27546	Cell[redacted]/Work-401-665-3421	6
Employer	Business					
Laura Rodgers	[redacted] Nistler Rd	Delta Junction	AK	99737(NOT FOR MAILING)	[redacted]	6
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☑ No ☐

If yes, state type, where and years held

Pharmacist License active - Texas (Since 2007 till Now # 45768) and North Carolina (Since 2007 till now # 18696)

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

Applicant's initial kp

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 05/29/2021

Applicant's initial kp

STATE OF Texas
ss.
COUNTY OF Dallas

I, KRISHNA 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 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 ôHas obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent,ôand 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.

K Patel
Original Signature of Applicant

Subscribed and Sworn to before me this 18 day of June 2021

Notary Public

JANET THORSEN
Notary Public, State of Texas
Comm. Expires 06-27-2022
Notary ID 129867937
(seal)

Applicantôs initial kp

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Las Vegas Community Pharmacy

Physical Address: 1820 E Sahara Ave Ste 201

City: Las Vegas State: NV Zip: 89104

Mailing Address (if different from physical address): 6273 Narrow Isthmus Ave

City: Las Vegas State: NV Zip: 89139

Telephone: 725-228-8498 Website:

Licensing Company Email: LVCPHARMACYLICENSING@GMAIL.COM

Section 2: Personal Information

First: Krishna Middle: Vipul Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] S Joe Wilson Rd Apt [redacted]

City: Cedar Hill State: TX Zip: 75104

Telephone: 910-527-9992 Email: krishna62413@gmail.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: kp

Section 5: List your high school and college experience beginning with the most current: (Use a separate piece of paper if additional space is needed:)

School Name			From - To (MM/YY – MM/YY)	
Sudhakarrao Naik Institute Of Pharmacy			07/1994 - 05/1998	
Address	**City**		**State**	**Zip**
Nagpur Rd, SH-183, District - Yavatmal INDIA	Pusad		MH	445215
Diploma/Degree obtained, if any				
Bachelor of Pharmacy				
School Name			**From - To (MM/YY – MM/YY)**	
RPTP Science School			07/1992-05/1994	
Address	**City**		**State**	**Zip**
Mota Bazaar, District - Anand INDIA	Vallabh Vidyanagar		GJ	388120
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current: (Use a separate piece of paper if additional space is needed:)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2021 Till Now	[redacted]S Joe Wilson Rd Apt[redacted]	Cedar Hill	TX	75104
05/2020-03/2021	10113 Up River Rd Apt 10203	Corpus Christi	TX	78410
07/2019-06/2020	19275 Stone Oak Pkwy Apt 1826	San Antonio	TX	78258
07/2017-06/2019	24245 Wilderness Oak Apt 1506	San Antonio	TX	78258
06/2010 - 06/2017	2911 Seawater Ct	Fayetteville	NC	28306

Applicant's initials kp

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
American Star Pharmacy			05/2021- Till Now
Business Address	**City**	**State**	**Zip**
1323 East Franklin St Ste 100	Hillsboro	TX	76645
Phone	**Title**		
254-632-8863	Pharmacist In Charge		

Description of Duties

Pharmacist-In-Charge responsibilities ensuring compliance with controlled substance act, state, and federal regulations. Performed various pharmacist's tasks, including filling and verifying prescriptions for high accuracy while multitasking.

Business Name			From - To (MM/YY – MM/YY)
Texas Specilty Clinic			03/2021-04/2021
Business Address	**City**	**State**	**Zip**
2700 W. Pleasant Run Rd	Lancaster	TX	75146
Phone	**Title**		
586-604-2356	Consultant Pharmacist		

Description of Duties

Worked with providers and patients focusing on reviewing, managing medication regimens of patients, ensuring that the medications are appropriate, effective, as safe as possible and used correctly,identifying, resolving,preventing medications problems

Business Name			From - To (MM/YY – MM/YY)
Crawford Pharmacy			07/2020-02/2021
Business Address	**City**	**State**	**Zip**
407 E Orange Ave	Orange Grove	TX	78372
Phone	**Title**		
361-384-4077	Pharmacist In Charge		

Description of Duties

Pharmacist-In-Charge responsibilities ensuring compliance with controlled substance act, state, and federal regulations. Performed various pharmacist's tasks, including filling and verifying prescriptions for high accuracy while multitasking.

Business Name			From - To (MM/YY – MM/YY)
Orange Grove Pharmacy			05/2020-06/2020
Business Address	**City**	**State**	**Zip**
108 S. Eugenia Street	Orange Grove	TX	78372
Phone	**Title**		
361-345-4646	Pharmacist In Charge		

Description of Duties

Performed pharmacy manager's responsibilities ensuring compliance with controlled substance act, state, and federal regulations. Performed various pharmacist's task in order to operate the pharmacy.

Business Name			From - To (MM/YY – MM/YY)
Rite Away Pharmacy			09/2019-05/2020
Business Address	**City**	**State**	**Zip**
2235 Thousand Oaks Drive # 102	San Antonio	TX	78232
Phone	**Title**		
210-490-2733	Staff Pharmacist		

Description of Duties

Performed various pharmacist's tasks, including filling and verifying prescriptions for high accuracy while multitasking. Assisted Pharmacy Manager in identifying ways to improve pharmacy results, inventory management, and customer experience.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
ASPCARES Pharmacy			07/2017-09/2019
Business Address	**City**	**State**	**Zip**
2414 Babcock Rd # 111	San Antonio	TX	78229
Phone	**Title**		
210-615-7400	Pharmacist In Charge		

Description of Duties

Pharmacist-In-Charge responsibilities ensuring compliance with controlled substance act, state, and federal regulations.Worked at high volume pharmacy, coached, supervised, directed staff of 6 technicians and 4 delivery drivers.

Business Name			From - To (MM/YY – MM/YY)
Rite Aid Pharmacy / Eckerd Pharmacy			01/2007-06/2017
Business Address	**City**	**State**	**Zip**
2605 Raeford Rd	Fayetteville	NC	28303
Phone	**Title**		
910-484-2170	Pharmacist In Charge/Staff Pharmacist		

Description of Duties

Performed pharmacy manager's responsibilities ensuring compliance with controlled substance act, state, and federal regulations. Managed inventory. Hired and trained new team members. Conducted competency and performance reviews for pharmacy personnel

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials kp

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06/17/2021
Date

Applicant's initials kp

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.

Krishna Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/17/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, KRISHNA 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/17/2021

Date

Subscribed and Sworn to before me this 17 day of June 2021.

Notary Public Signature

JANET THORSEN
Notary Public, State of Texas
Comm. Expires 06-27-2022
Notary ID 129867937
(Seal)

Applicant's initials kp

10F

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

☒ Partnership - Pages 1,2,6,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TMS Pharmacy LLC

Physical Address: 580 E. windmill, suite # 135

City: Las Vegas State: Zip Code: 89123 Telephone: 714-924-2800

Fax: N/A Toll Free Number: N/A

E-mail: TahsinRX@gmail.com

Website: N/A

Managing Pharmacist: Tahsin Shanan License Number: # 20820

TYPE OF PHARMACY AND SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

Tahsin Shanan
Print Name of Authorized Person

07/01/2021
Date

Board Use Only Date Processed:_____ Amount: 500
MO # 27239171398

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 N/A Limited ✓

List names of 4 largest partners and percentage of ownership:

Name: Tahsin Shanan %: 80

Name: May Ismail %: 20

Name: N/A %: N/A

Name: N/A %: N/A

Partnership Name: TMS Pharmacy LLC

Mailing Address: 580 E. windmill, suite # 135

City, State Zip Code: Las Vegas, NV, 89123

Telephone Number: 714-924-2800 Fax Number: N/A

Contact Person: Tahsin Shanan

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday N/A am N/A pm

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

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20212099182

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Tahsin Shanan

Responsible Person of TMS 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.

Tahsin Shanan

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

Tahsin Shanan

Print Name of Authorized Person

07/01/2021

Date

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, May Ismail

Responsible Person of TMS 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.

May Ismail

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

May Ismail

Print Name of Authorized Person

07/01/2021

Date

Managing Pharmacist

Pharmacist Name: Tahsin Shanan License #: 20820

Pharmacy Name: TMS Pharmacy LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Tahsin Shanan
Signature

07/01/2021
Date

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TMS 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 05/17/2021, 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 05/25/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202105251698796
You may verify this certificate online at http://www.nvsos.gov

Dear Sir/Mrs.:

The current listing of Officers and Directors of the TMS Pharmacy LLC (corporation) is as follows:

OFFICERS

- PRESIDENT — ADDRESSES

Tahsin Shanan — [redacted] walking view CT, las vegas, NV, 89135

- DIRECTORS — ADDRESSES

May Ismail — [redacted] walking view CT, las vegas, NV 89135

Respectfully,

Tahsin Shanan 07/05/2021

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler TMS Pharmacy LLC

Physical Address 580 East Windmill Lane # 135

City Las Vegas State NV Zip 89123

Mailing Address (if different from physical address) 10382 walking view Court

City Las Vegas State NV Zip 89135

Telephone 714-924-2800 Website N/A

Licensing Company Email N/A

Section 2: Personal Information

First Tahsin Middle N/A Last Shanan

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] walking view Court

City Las Vegas State NV Zip 89135

Telephone [redacted] Email TahsinRX@gmail.com

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	N/A

Applicant's initials TS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
6th October university - Faculty of Pharmacy		09-2001 To 06-2006	
Address	**City**	**State**	**Zip**
6th october city	Giza	NIA	12566
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
El sedike high school		09/1997 To 06/2001	
Address	**City**	**State**	**Zip**
El haram street	Giza	NIA	12566
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
NIA			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
NIA			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
NIA			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2021 – Now	[redacted] walking view Court	Las Vegas	NV	89135
02/2020 – 05/2021	10405 Coyote Cub Ave	Las Vegas	NV	89129
08/2016 – 02/2020	1265 N. Chrisden st #9202	Anaheim	CA	92807
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
CVS Health		04/21 – Now	
Business Address	**City**	**State**	**Zip**
2935 S. Hollywood Blvd,	Las Vegas	NV	89122
Phone	**Title**	**Number of Employed Hours**	
702-207-2367	Pharmacist	210	

Description of Duties
- Immunization clinic for CoviD-19
- Review Prescriptions issued by healthcare Providers.

Business Name		From - To (MM/YY – MM/YY)	
Cvedo Pharmacy		04/21 – Now	
Business Address	**City**	**State**	**Zip**
8995 W. Flamingo Rd # 120	Las Vegas	NV	89147
Phone	**Title**	**Number of Employed Hours**	
702-800-4000	Pharmacist	300	

Description of Duties
- Revrew and verify Prescriptions – offer expert advice on likely interactions and side effects – Followed strict requirments in tracking and distributing of controlled substances.

Business Name		From - To (MM/YY – MM/YY)	
Cvedo Pharmacy		03/2020 – 03/2021	
Business Address	**City**	**State**	**Zip**
8995 W. Flamingo Rd # 120	Las Vegas	NV	89147
Phone	**Title**	**Number of Employed Hours**	
	intern Pharmacist	1740	

Description of Duties
- Filling Prescriptions – Documentations – calling Doctor offices and verifying medications interactions – offering medical Councelling under Pharmacist supervisor

Business Name		From - To (MM/YY – MM/YY)	
Santa Maria Pharmacy		03/2020 – 07/2021	
Business Address	**City**	**State**	**Zip**
3827 E. Sunset Rd	Las Vegas	NV	89120
Phone	**Title**	**Number of Employed Hours**	
702-474-0268	intern Pharmacist	320	

Description of Duties
- under supervision of Pharmacist filling and typing Prescriptions.
- Calling Doctor offices and getting refills approvals.

Business Name		From - To (MM/YY – MM/YY)	
Healthy Living Pharmacy		07/2017 – 02/2020	
Business Address	**City**	**State**	**Zip**
23681 La Palma Ave	Yorba Linda	Ca	92887
Phone	**Title**	**Number of Employed Hours**	
714-692-3260	Pharmacy Technician	2350	

Description of Duties
- Filled Prescriptions in both manually and by using a robot machine
- Keep inventory – Helped in the assigned Cash register

Continue on next page if additional space is needed.

Applicant's initials TS

Business Name		From - To (MM/YY – MM/YY)
Benos Val Mesa Pharmacy		07/2018 – 07/2019
Business Address	**City**	**State / Zip**
100 E. Valencia Mesa Dr	Fullerton	CA 92835
Phone	**Title**	**Number of Employed Hours**
714-992-1234	Pharmacy Technician	1200

Description of Duties
- Filled Prescriptions – Typed Prescriptions – Answered Phone Calls – Keep inventory – entered Patients and drugs information

Business Name		From - To (MM/YY – MM/YY)
N/A		
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
N/A		
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
N/A		
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
N/A		
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided. N/A

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: N/A

Tahsin Shanan
Original Signature (electronic, copies or stamps not accepted)

07/05/2021
Date

Applicant's initials TS

I, Tahsin Shanan, **certify that as the designated representative for**

TMS Pharmacy LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Tahsin Shanan

Print Name (First, Last)

Tahsin Shanan

Original Signature (electronic, copies or stamps not accepted)

07/05/2021

Date

Applicant's initials TS

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.

Tahsin Shanan
Print Name (First, Last)

Tahsin Shanan
Original Signature (electronic, copies or stamps not accepted)

07/05/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Tahsin Hassan Mohamed Shanan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Tahsin Shanan
Original Signature

07/05/2021
Date

Subscribed and Sworn to before me this 6th day of July 2021.

Notary Public Signature

RUTH MARTINEZ
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-04-2024
Certificate No: 13-10512-1

(Seal)

NEVADA STATE BOARD OF PHARMACY

98S Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler TMS Pharmacy LLC

Physical Address 580 East windmill lane # 135

City Las vegas State NV Zip 89123

Mailing Address (if different from physical address) 10382 Walking View Court

City Las Vegas State NV Zip 89135

Telephone 714-924-2800 Website N/A

Licensing Company Email N/A

Section 2: Personal Information

First Tahsin Middle N/A Last Shaman

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] walking view Court

City Las Vegas State NV Zip 89135

Telephone [redacted] Email TahsinRX@gmail.com

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	N/A

Applicant's initials TS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
6th october university - faculty of Pharmacy	09/2001 – 06/2006

Address	City	State	Zip
6th october City	Giza	N/A	12566

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY)
El sedike high school	09/1997 – 06/2001

Address	City	State	Zip
El haram street	Giza	N/A	12566

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY)
N/A	

Address	City	State	Zip

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY)
N/A	

Address	City	State	Zip

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY)
N/A	

Address	City	State	Zip

Diploma/Degree obtained, if any

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2021 - Now	[redacted] walking view Court	Las Vegas	NV	89135
02/2020 – 05/2021	10405 Coyote cub Ave	las vegas	NV	89145
08/2016 – 02/2020	1265 N. Christen st #9202	Anaheim	CA	92807

Applicant's initials TS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
CVS Health	04 / 21 Till Now

Business Address	City	State	Zip
2935 S. Hollywood Blvd	Las Vegas	NV	89122

Phone	Title
702-207-2367	Pharmacist

Description of Duties
- Immunization clinic for COVID-19
- Review Prescriptions issued by health care Providers.

Business Name	From - To (MM/YY – MM/YY)
Cvedo Pharmacy	04/21 Till Now

Business Address	City	State	Zip
8995 W. Flamingo Rd # 120	Las Vegas	NV	89147

Phone	Title
702-800-4000	Pharmacist

Description of Duties
- Review and verify Prescriptions- offer expert advice on likely medication use and interactions- Dispense medications following the requirments and Regulations.

Business Name	From - To (MM/YY – MM/YY)
Cvedo Pharmacy	03/2020- 03/2021

Business Address	City	State	Zip
8995 W. Flamingo Rd # 120	Las Vegas	NV	89147

Phone	Title
702-800-4000	Intern Pharmacist

Description of Duties
- Filling Prescriptions- Documentations- Calling Doctor offices and verifying medications interactions- under supervision of Pharmacist offers Carefully.

Business Name	From - To (MM/YY – MM/YY)
Santa Maria Pharmacy	03/2020 – 07/2021

Business Address	City	State	Zip
3827 E. Sunset Rd	Las Vegas	NV	89120

Phone	Title
702-474-0268	Intern Pharmacist

Description of Duties
- Under supervison of Pharmacist filling and typing Prescriptions.
- Calling doctor offices and getting refills approval.

Business Name	From - To (MM/YY – MM/YY)
Healthy living Pharmacy	07/2017- 02/2020

Business Address	City	State	Zip
23681 La Palma Ave	Yorba Linda	Ca	92887

Phone	Title
714-692-3260	Pharmacy Technician

Description of Duties
- Filled Prescriptions in both manually and by using a robot machine
- Keep inventary - Helped in assigned Cash register.

Continue on next page if additional space is needed.

Applicant's initials TS

Business Name			From - To (MM/YY – MM/YY)
Ben's Val Mesa Pharmacy			07/2018 – 07/2019
Business Address	**City**	**State**	**Zip**
100 E. Valencia Mesa Dr.	Fullerton	CA	92835
Phone	**Title**		
714-992-1234	Pharmacy Technician		
Description of Duties			
- Filled Prescriptions - Typed Prescriptions - Answered Phone Calls - Keep inventory - entered Patients and drug information to the System.			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A

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: N/A

Tahsin Shanan

Original Signature (electronic, copies or stamps not accepted)

07/05/2021

Date

Applicant's initials TS

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.

Tahsin Shanan
Print Name (First, Last)

Tahsin Shanan — 07/05/2021
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Tahsin Hassan Mohamed Shanan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Tahsin Shanan — 07/05/2021
Original Signature — **Date**

Subscribed ~~and Sworn~~ to before me this 6th day of July 2021.

Notary Public Signature

RUTH MARTINEZ
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-04-2024
Certificate No: 13-10512-1

(Seal)

Applicant's initials TS

11

11A

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: Humana Pharmacy, Inc.

Physical Address: 5701 East Hillsborough Avenue, Suite 2140

Mailing Address: 5701 East Hillsborough Avenue, Suite 2140

City: Tampa State: Florida Zip Code: 33610

Telephone: 813-424-5742 Fax: 305-500-2143

Toll Free Number: 800-379-0092 (Required per NAC 639.708)

E-mail: mmeyers5@humana.com Website: www.humanapharmacy.com

Managing Pharmacist: Melissa Meyers License Number: FL: PS59036

21026 Temp 8/25/21

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

Timothy Addington
Temp 20938 issued 8/12/21

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

Michael Taday
Print Name of Authorized Person

12/15/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Humana Inc.

Corporation Name: Humana Pharmacy, Inc.

Mailing Address: 500 W. Main Street

City: Louisville State: KY Zip: 40202

Telephone: 502-580-1000 Fax: 502-301-5944

Contact Person: Michael Taday

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: 5/18/1971

Registration number issued: 444859-102

Stock Exchange: New York Stock Exchange

Hours of Operation for the pharmacy:

Monday thru Friday	8:00	am	6:30	pm	Saturday	8:00 am	4:30 pm
Sunday		am		pm	24 Hours		

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

Must be included with the application for a publicly traded corporation

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

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Taday

Responsible Person of Humana Pharmacy, Inc.

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

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

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

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

Michael Taday
Print Name of Authorized Person

12/15/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Kentucky)
) ss.
Jefferson COUNTY)

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

1. I am the VP - Clinical Strategy & Operations for Humana Pharmacy, 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, Michael Taday, 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
15th day of December, 2020.

NOTARY PUBLIC

Kristin G. Houston
Notary Public, ID No. 635354
State at Large, Kentucky
My Commission Expires on Nov. 30, 2023

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUMANA PHARMACY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF NOVEMBER, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUMANA PHARMACY, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 1997.

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

Jeffrey W. Bullock, Secretary of State

2824695 8300

SR# 20208357357

Authentication: 204061075

Date: 11-12-20

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

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the **Healthiest State** in the Nation

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

November 20, 2020

Humana Pharmacy, Inc.
Kristin Houston
4300 Crosswood Drive
Crestwood, KY 40014

RE: License Certification for Humana Pharmacy, Inc.

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH33015
ORIGINAL CERTIFICATION:	10/30/2020
EXPIRATION DATE:	02/28/2023
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Angela Bellamy
Regulatory Specialist II Lead

/ab

GREAT SEAL OF THE STATE OF FLORIDA · IN GOD WE TRUST ·

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

PHAB Accredited Health Department
Public Health Accreditation Board

AC# 9882091

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/31/2020	PH 33015	117367

THE PHARMACY

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

QUALIFICATION(S):
Community Pharmacy

Expiration Date: **FEBRUARY 28, 2023**
HUMANA PHARMACY, INC.
5701 EAST HILLSBOROUGH AVENUE
SUITE 2140
TAMPA, FL - 33610

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 9882091
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 10/31/2020 | LICENSE NO. PH 33015 | CONTROL NO. 117367
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date : FEBRUARY 28, 2023
HUMANA PHARMACY, INC.
QUALIFICATION(S):
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2023**

Your license number is PH 33015. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

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

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

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

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

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

GROUNDS FOR DISCIPLINE

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

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV355 - Community Pharmacy (New Business / Change of Owner)

File # 27182
Insp # 172614

NAME	PERMIT NUMBER	DATE OF INSPECTION
Humana Pharmacy, Inc.		10/29/2020
DOING BUSINESS AS		
STREET ADDRESS 5701 East Hillsborough Avenue Suite 2140	**TELEPHONE #** 205-568-4770	**EXT**
CITY TAMPA	**COUNTY** HILLSBOROUGH	**STATE/ZIP** FL/33610

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 8:00 AM-6:30PM
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday Y
Saturday Hours 8:00 AM-4:30PM	Sunday N

Registered Pharmacist / Intern / Tech

License # 40214	Licensee Name Cesar Cedeno
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # NA	

License Relations

Pharmacy Affiliate

CEDENO, CESAR ENRIQUE	License # 40214

RX DPT MGR/COR/POR

CEDENO, CESAR ENRIQUE	License # 40214

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C]	Yes
Private Consultation Area available. [64B16-28.1035, F.A.C]	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16 -27.410(2)(a) F.A.C.]	Yes
Continuous Quality Improvement Program described in Policy and Procedure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.]	Yes

INV355 - Community Pharmacy (New Business / Change of Owner)

Insp # 172614

Humana Pharmacy, Inc.

File # 27182

All medications to be purchased from a Florida licensed wholesaler [499-F.S.] *Pharmacy is non-dispensing call center.*	N/A
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10601, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

ELSHAER, CHERYL

SE

Date:10/29/2020

Representative:

Cesar Cedeno

Cesar

Date:10/29/2020

Directors/Officers Report

Humana Pharmacy, Inc.

Directors

Bruce Dale Broussard

Director

BirthDate: [redacted]
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Cherokee Road, [redacted], Louisville, Kentucky 40205

William Kevin Fleming

Director

BirthDate: [redacted]
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Rose Wycombe Road, Prospect, Kentucky 40059

Brian Andrew Kane

Director

BirthDate: [redacted]
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] E. 69th Street, Apt. [redacted], New York, New York 10021

Officers

Scott Andrew Greenwell

President

BirthDate: [redacted]
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] River Farm Cove, Prospect, Kentucky 40059

Michael Henry Taday

Vice President - Clinical Strategy and Operations

BirthDate: [redacted]
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Cornell Place, Louisville, Kentucky 40207

Donald Hank Robinson

Senior Vice President, Tax

BirthDate: [redacted]
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Elmwood Avenue, Louisville, Kentucky 40207

Brian Andrew Kane

Chief Financial Officer

BirthDate: [redacted]
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] E. 69th Street, Apt. [redacted], New York, New York 10021

Alan James Bailey

Vice President & Treasurer

BirthDate: [redacted]
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Springfarm Pointe Place, Prospect, Kentucky 40059

Douglas Allen Edwards

Vice President

BirthDate:
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Alta Avenue, Louisville, Kentucky 40205

Sean Joseph O'Reilly

Vice President, Chief Compliance Officer

BirthDate:
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Druid Hills Road, Louisville, Kentucky 40207

William Mark Preston

Vice President, Investments

BirthDate:
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Kenilworth Place, Louisville, Kentucky 40205

Ralph Martin Wilson

Vice President

BirthDate:
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Keith Springs Circle, Louisville, Kentucky 40207

Cynthia Hillebrand Zipperle

Senior Vice President, Chief Accounting Officer and Controller

BirthDate:
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Egmont Ridge Way, Louisville, Kentucky 40245

Courtney Danielle Durall

Senior Legal Professional & Assistant Corporate Secretary

BirthDate:
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Erin Circle, Mt. Washington, Kentucky 40047

Joseph Matthew Ruschell

Associate Vice President, Assistant General Counsel & Corporate Secretary

BirthDate:
Primary Phone [redacted]

Primary Address
500 West Main Street, Louisville, Kentucky 40202

Home Address
[redacted] Mockingbird Hill Road, Louisville, KY 40207

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Melissa D. Meyers

Date: 08/25/2021
Amount:
License #: 21026

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/25/2022

Melissa D. Meyers

License #
21026
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21026

Expires: 02/25/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Melissa D. Meyers

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Timothy L. Addington

Date: 08/12/2021
Amount:
License #: 20938

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/12/2022

Timothy L. Addington

License #
20938
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 20938

Expires: 02/12/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Timothy L. Addington

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Humana Inc. (parent company of Humana Pharmacy, Inc.) acquired ownership of Eagle Rx Holdco., Inc., the parent company of both Enclara Pharmacia, Inc. ("Enclara") and Alexander Infusion, LLC d/b/a Avanti Healthcare Services ("Avanti") on January 31st, 2020. The disciplinary actions and agreements reported for Enclara and Avanti are related to actions that occurred prior to the change of ownership that resulted in common ownership between Humana Pharmacy, Inc., Enclara, and Avanti.

Disciplinary Actions

On October 2, 2007, Enclara Pharmacia, Inc. (then known as excelleRx, Inc.) entered into a settlement agreement with the United States of America, acting through the Department of Justice and the Drug Enforcement Administration, to settle allegations (1) that prescriptions were being filled without sufficient documentation or approval, and (2) that the practice setting failed to meet requirements for use of emergency authorization procedures. This settlement agreement (the "2007 DEA Settlement Agreement") contained no admission of fact, liability, or wrongdoing and constituted no evidence of any valid claim. We previously reported this matter to the Board.

All of the following matters relate directly or indirectly to the DEA Settlement and/or the subsequent state matters:

Tennessee: Several years following the DEA Settlement, on November 1S, 2011, Enclara Pharmacia, Inc. (then known as excelleRx, Inc.) entered into a related consent order with the Tennessee Board of Pharmacy. The time period and facts underlying the DEA Settlement and Tennessee order were identical, and the allegations in each case were similar. Under the terms of the Tennessee consent order, the company's Tennessee pharmacy permit was placed on probation for five (5) years and was subject to periodic compliance inspections. We previously reported this matter to the Board.

Maine: On October 23, 2012, Enclara Pharmacia, Inc. (then known as excelleRx, Inc.) entered into a Consent Agreement with the Maine Board of Pharmacy. The matter related to allegations that the company failed to timely report the 2007 DEA Settlement Agreement. We previously reported this matter to the Board.

New Hampshire: On January 22, 2013, Enclara Pharmacia, Inc. (then known as excelleRx, Inc.) entered into a Notice of Apparent Liability with the New Hampshire Board of Pharmacy. The matter related to allegations that the company failed to timely report the Tennessee matter described above. We previously reported this matter to the Board.

Indiana: On December 13, 2013, the Indiana Consumer Protection Division issued a Findings of Fact, Conclusions of Law, and Order containing a reprimand against Enclara Pharmacia, Inc. (then known as excelleRx, Inc.). The matter related to allegations that the company failed to timely report the above state matters. We previously reported this matter to the Board.

Utah: On February 11, 2014, Enclara Pharmacia, Inc. (then known as excelleRx, Inc.) entered into a Stipulation and Order with the Utah Division of Occupational and Professional Licensing. The matter related to the 2007 DEA Settlement Agreement and subsequent Tennessee, Maine and New Hampshire matters described above. We previously reported this matter to the Board.

California: On November 4, 2014, Enclara Pharmacia, Inc. (then known as excelleRx, Inc.) entered into a Stipulated Settlement and Disciplinary Order with the California State Board of Pharmacy. The matter related to allegations contained in the 2007 DEA Settlement Agreement. We previously reported this matter to the Board.

Iowa: On November 19, 2014, Enclara Pharmacia, Inc. (then known as excelleRx, Inc) entered into a Settlement Agreement and Final Order with the Iowa State Board of Pharmacy. The matter related to allegations contained in the 2007 DEA Settlement Agreement. We previously reported this matter to the Board.

Missouri: On February 2S, 2015, Enclara Pharmacia, Inc. (then known as excelleRx, Inc.) entered into a Settlement Agreement with the Missouri Board of Pharmacy. The matter related to allegations contained in the 2007 DEA Settlement Agreement. We previously reported this matter to the Board.

Michigan: On July 10, 201S, Enclara Pharmacia, Inc. entered into a Consent Order with the Michigan Board of Pharmacy. The matter related to allegations contained in the 2007 DEA Settlement Agreement. We previously reported this matter to the Board.

New York: On June 29, 2016, Enclara Pharmacia entered into a Stipulation and Consent Order with the New York State Board of Pharmacy. The agreement relates to the allegations contained in the 2007 DEA Settlement and subsequent state actions. We previously reported this matter to the Board.

Hawaii: On June 15, 2017, Enclara Pharmacia, Inc. entered into a Settlement Agreement with the Department of Commerce and Consumer Affairs State of Hawaii. The matter related to allegations contained in the 2007 DEA Settlement Agreement. The Agreement with the State of Hawaii also addresses separate Consent Orders between Enclara Pharmacia and the Boards of Pharmacy in Alabama and Maine, which are not related to the 2007 DEA Settlement. We previously reported this matter to the Board.

Alabama: On October 20, 2015, Enclara Pharmacia, Inc. entered into a Consent Order with the Alabama Board of Pharmacy. The Order resulted from Enclara Pharmacia's inadvertent shipping of sixty-six orders into the State of Alabama during a period in which the Sharon Hill, PA non-resident pharmacy license renewal application was pending but not formally approved. We previously reported this matter to the Board.

Georgia: On June 20, 2016, Enclara Pharmacia entered into a Consent Order with the Georgia Board of Pharmacy. The agreement relates to the Board's finding that our pharmacist-in-charge at our Memphis pharmacy did not have a Georgia pharmacist license. We previously reported this matter to the Board.

Maine: On June 28, 2016 Enclara Pharmacia entered into a Consent Order with the Maine Board of Pharmacy. The Order resulted from the Maine Board of Pharmacy's allegation that Enclara Pharmacia did not obtain a mail order pharmacy license for its call center location in Philadelphia between August 2014 and October 2015. The previous owner had not licensed the call center as a pharmacy during the entire term of its ownership. We previously reported this matter to the Board.

Alabama: On December 14, 2016, Enclara Pharmacia, Inc. entered into a Consent Order with the Alabama Board of Pharmacy. The matter related to the Consent Orders Enclara Pharmacia entered into with the Georgia and Maine Boards of Pharmacy. We previously reported this matter to the Board.

Pennsylvania: On October 3, 2017, Enclara Pharmacia, Inc. entered into a Consent Order with the Pennsylvania Board of Pharmacy. The matter related to the Consent Order Enclara Pharmacia entered into with the Maine Board of Pharmacy. We previously reported this matter to the Board.

Michigan: On January 12, 2018, Enclara Pharmacia, Inc. entered into two Consent Orders with the Michigan Department of Licensing and Regulatory Affairs. The Consent Orders were reciprocal discipline for Consent Agreements Enclara Pharmacia entered into with the Georgia and Maine Boards of Pharmacy. We previously reported this matter to the Board.

Michael H. Taday

SETTLEMENT AGREEMENT

I. PARTIES

1. This Settlement Agreement ("Agreement") is entered into this 2ND day of OCTOBER, 2007, between the United States of America, acting through the Department of Justice and the Drug Enforcement Administration (DEA), and excelleRx ("Parties"). The Parties hereby stipulate and agree as follows:

II. RECITALS

2. In 2007, DEA Diversion Investigators conducted an on-site investigation pursuant to the Controlled Substances Act and the Comprehensive Drug Abuse Prevention and Control Act of 1970. It is alleged by the DEA that, based upon this investigation, many prescriptions were being filled daily by excelleRx before or without a physician's signature. Title 21 U.S.C. § 842(a)(1) states, in pertinent and relevant parts, it shall be unlawful for any person-- . . . (1) who is subject to the requirements of part C to distribute or dispense a controlled substance in violation of section 829 of this Title. Section 829 states, in pertinent parts, except when dispensed directly by a practitioner, other than a pharmacist, to an ultimate user, no controlled substance in schedule II .. . . may be dispensed without the written prescription of a practitioner, except that in emergency situations . . .

3. The United States asserts that it has civil claims and civil causes of action against excelleRx for civil penalties, under the Controlled Substances Act and the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C.§§ 821-904, specifically Title 21 U.S.C. § 842(a)(1). Further, the United States asserts that the practice setting of excelleRx does not allow nor meet the requirements for use of the

"emergency authorization procedure" as defined in 21 C.F.R. § 290.10 and delineated in 21 C.F.R 1306.11. Title 21 U.S.C. § 842(c)(B)(5) states a civil penalty of not more than $25,000 shall be assessed for each violation as stated in paragraph two, above.

4. This Agreement is not an admission of liability by excelleRx, nor is it evidence of a valid claim. excelleRx denies the United States' contentions as set forth in Paragraphs 2 and 3, above. The Parties agree that no provision of this Agreement nor any consideration exchanged pursuant to this Agreement constitutes an admission by excelleRx that it engaged in or violated any law in connection with the United States' contentions in Paragraphs 2 and 3, above or otherwise.

5. In order to avoid the delay, uncertainty, inconvenience and expense of protracted litigation of these claims, the Parties reach a full and final settlement as set forth below.

III. TERMS AND CONDITIONS

NOW, THEREFORE, in consideration of the mutual promises, covenants, and obligations set forth below, and for good and valuable consideration as stated herein, the Parties agree as follows:

6. Within ten calendar days of the execution of this Agreement, excelleRx agrees to pay the United States a total of $540,000.00.

7. Subject to paragraph 8 below, upon receipt of full payment described in paragraph 6 above, the United States shall hereby release excelleRx, its current and former officers, directors, employees, shareholders, parents, affiliates, successors and assigns, from any and all civil monetary claims or causes of action it may have for civil monetary penalties under the Controlled Substances Act and the Comprehensive Drug

Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 821-904 and the Truth in Negotiations Act, 10 U.S.C. § 2306a, for the conduct described in paragraph 2, above, except as described in paragraph 8, below.

8. The United States does not release, and specifically reserves the right to assert, the following claims, as to which excelleRx, its current and former officers, directors, employees, affiliates, successors and assigns, reserve the right to assert all defenses:

(a) Any claims arising under Title 26, U.S. Code (Internal Revenue Code);

(b) Any criminal liability;

(c) Except as explicitly stated in this Agreement, any administrative liability;

(d) Any liability to the United States (or its agencies) for any conduct other than the conduct described in paragraph 2, above;

(e) Any claims based upon such obligations as are created by this Agreement;

(f) Any express or implied warranty claims or other claims for defective or deficient products or services, including quality of goods and services, provided by excelleRx;

(g) Any civil or administrative claims against individuals, including current or former directors, officers, employees, agents or shareholders of excelleRx, who are convicted, or who enter into a criminal plea agreement.

9. It is expressly understood that this-Agreement has no bearing on the rights or obligations of either party with respect to potential administrative suspension and debarment issues.

10. excelleRx waives and will not assert any defenses it may have to any criminal prosecution or administrative action relating to the conduct described in paragraph 2, above, which defenses may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this settlement bars a remedy sought in such criminal prosecution or administrative action. excelleRx agrees that this settlement is not punitive in purpose or effect. Nothing in this settlement constitutes an agreement by the United States concerning the characterization of the amounts paid hereunder for purposes of any proceeding under Title 26 of the Internal Revenue Code.

11. It is agreed that all costs (as defined in Federal Acquisition Regulation § 31.205-47) incurred by or on behalf of excelleRx and its officers, directors, agents and employees in connection with (1) the government's investigation of the matters covered by this Agreement; (2) excelleRx's investigation and defense of the matters covered by this Agreement and any corrective action; (3) the negotiation of this Agreement; and (4) the payment made to the United States pursuant to this Agreement shall be unallowable costs for government contract accounting purposes. These amounts shall be separately accounted for by excelleRx.

12. In no event are the terms of this Agreement intended to, nor are they to be construed to, work a release of liability or in any way create a benefit in favor of any person not a party to this Agreement, except as provided in paragraph 7.

13. Nothing in this Agreement nor in the payment described herein shall be construed as an admission of fact, liability or wrongdoing, or a waiver of any rights or legal defenses, by excelleRx or any of its affiliated entities, their current or former officers, directors, and employees, or their successors and assigns.

14. The provisions of this Agreement shall be binding upon the parties to it, their affiliated entities, and their collective successors and assigns.

15. This Agreement constitutes the complete agreement between the Parties. This Agreement may not be amended except by written consent of the Parties.

16. Each person who signs this Agreement in a representative capacity warrants that he or she is duly authorized to do so.

17. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same agreement.

18. This Agreement is effective on the date of the signature of the last signatory to the Agreement.

IN WITNESS WHEREOF, the parties hereto affix their signatures.

DAVID KUSTOFF
United States Attorney
for the Western District of Tennessee

Date:

HARRIETT HALMON
Chief of Civil Division,
United States Attorney
for the Western District of Tennessee
U.S. Department of Justice
167 North Main Street, Suite 800

Memphis, Tennessee 38103
901-544-4231

Date:

KEVIN P. WHITMORE
Assistant United States Attorney
for the Western District of Tennessee
U.S. Department of Justice
167 North Main Street, Suite 800
Memphis, Tennessee 38103
901-544-4231

Date:

President/CEO excelleRx

GARY W. KADLEC

Reviewed and approved as to form:

Attorney for excelleRx

582799.1

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF GENERAL COUNSEL

220 Athens Way, Suite 210
Nashville, Tennessee 37243
Telephone: (615) 741-1611
Facsimile: (615) 532-3386 or (615) 532-7749

BILL HASLAM
GOVERNOR

JOHN J. DREYZEHNER, MD, MPH, FACOEM
COMMISSIONER

Writer's email: Anthony.K.Czerniak@tn.gov

November 15, 2011

VIA REGULAR & CERTIFIED MAIL

Excellerx
2525 Horizon Lake Dr., Suite 101
Memphis, TN 38133

RE: State of Tennessee Board of Pharmacy
Case No.: L08-PHR-RBS-2008000931
Consent Order in Lieu of Formal Disciplinary Proceedings

Dear Sir/Madam:

Enclosed please find copy of fully executed Consent Order in connection with the above matter for your files.

Very truly yours,

Suzanne Mechkowski
Paralegal to
Anthony K. Czerniak, Esq.

SM
Encl.

BEFORE THE TENNESSEE STATE BOARD OF PHARMACY

IN THE MATTER OF:	)
	)
EXCELLERX, (C-3745)	) **Case No. L08-PHR-RBS-2008000931**
2525 Horizon Lake Drive, Suite 101	)
Memphis, Tennessee 38133	)

CONSENT ORDER

WHEREAS, Respondent, excelleRx, executes this Consent Order for the purpose of avoiding further administrative action with respect to this cause; the Parties hereby stipulate and agree as follows:

WHEREAS, since approximately November 29, 2001, the Respondent has operated a pharmaceutical distribution facility at 2525 Horizon Lake Drive, Suite 101, Memphis, Tennessee, holding a valid Tennessee Pharmacy license for that facility number 3745;

WHEREAS, excelleRx and its clinical pharmacists trained in palliative care work with prescribing physicians and hospice staff to improve quality of life for end-of-life patients and to ensure safe and efficacious plan of care for each individual patient;

WHEREAS, on October 2, 2007, the Respondent (along with certain related corporate entities and individuals (collectively with Respect, the "covered entities")) entered into a civil consent decree with the United States Government (the "Consent Decree") relating to dispensing approximately seven thousand (7,000) Schedule II Controlled Substances to hospice patients prior to obtaining the physician's signature for authorization to dispense, and allegedly not meeting the emergency authorization procedure established in 21 CFR §290.10; yet recognizing that the Consent Decree contains no actual findings of legal violation, and excelleRx and the

other signatories disclaimed any liability in connection therewith, but nonetheless consented to entry of the Consent Decree solely for the purpose of settling the matter with the United States;

WHEREAS, Respondent, under new ownership and pharmacy leadership, entered into the 2007 Consent Decree without admitting or denying the following allegations upon which t he United States of America sought a Cause of Action:

> Respondent violated 21 U.S.C. § 842(a)(1), which states, in pertinent and relevant parts, it shall be unlawful for any person--...(1) who is subject to the requirements of part C to distribute or dispense a controlled substance in violation of Section 829 of this Title. Section 829 states, in pertinent parts, except when dispensed directly by a practitioner, other than a pharmacist, to an ultimate user, no controlled substance in schedule II.. . . may be dispensed without the written prescription of a practitioner, except that in emergency situation ...

WHEREAS, Respondent acknowledges Tenn. Code Ann. § 63-10-305(4), which states:

> The board is authorized to deny, restrict or condition any application for licensure or certification ... upon a finding that the applicant, licensee or holder of a certificate has...Engaged in conduct prohibited or made unlawful by any of the provisions of parts 2-5 of this chapter or any other laws of the state or of the United States relating to drugs or to the practice of pharmacy;

WHEREAS, the Respondent admits that if the allegations cited above by the United States of America had been proven to be true, corresponding violations of federal law would likely have constituted violations under Tenn. Code Ann. § 63-10-305(4);

WHEREAS, The State of Tennessee Board of Pharmacy has the authority to review, revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any

violation of any laws relating to drugs or to the practice of pharmacy and/or the Board's rules pursuant to Tenn. Code Ann. §63-10-305, and Tenn. Comp. R. & Reg. Rule 1140-1-.08 [CIVIL PENALTIES];

NOW THEREFORE, for the purpose of avoiding further administrative action with respect to this cause, Respondent agrees to the following;

(1) Respondent license number 3745 for pharmacy is be placed on probation for a period of five (5) years with the Board effective upon the Board's approval of this Consent Order and to abide by the following terms and conditions:

(a) Respondent agrees to submit to periodic compliance inspections conducted by Board of Pharmacy investigators;

(b) Respondent has provided the Board with copy of its current policies and procedures developed in response to the Drug Enforcement Administration's findings; and

(c) Respondent will provide the Board with a copy of any subsequent policies and procedures that may replace the current policies and procedures relative to dispensing Schedule II controlled Substances;

(2) Respondent shall abide by all the terms contained in the Consent Decree and abide by all Federal and State laws and rules relative to drugs and the distribution of drug products;

FURTHERMORE, this Consent Order is not an admission of liability by excelleRx, nor is it evidence of a valid claim. In order to avoid delay, uncertainty, inconvenience and expense of protracted litigation of these claims, the Parties enter into this Consent Order and the Respondent expressly waives all further procedural steps, including the opportunity for a hearing

pursuant to the Uniform Administrative Procedures Act, Tenn. Code Ann. Title 4, Chapter 5, and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this Consent Order.

FURTHERMORE, this Consent Order shall have no force or effect unless accepted by the State of Tennessee Board of Pharmacy. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.

Executed this the 13th day of September, 2011.

Representative of Respondent,
excelleRx

APPROVED:

A. Larry Hill, President
State of Tennessee Board of Pharmacy

Anthony K. Czerniak, BPR# 027774
Assistant General Counsel
Department of Health
Office of General Counsel
220 Athens Way
Plaza I – Suite 210
Nashville, Tennessee 37243
Telephone: 615-741-1611
Facsimile: 615-532-7749

Terry Grinder, Acting Executive Director
State of Tennessee Board of Pharmacy

STATE OF MAINE
BOARD OF PHARMACY

In re:	)	CONSENT
ExcelleRx	)	AGREEMENT
Complaint No. 2012-PHA-8598	)	

PARTIES

This document is a Consent Agreement regarding the pending applications for renewal of licensure as a Mail Order Pharmacy for ExcelleRx. The parties to the Consent Agreement are: ExcelleRx; the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A)(C).

STATEMENT OF FACTS

1. ExcelleRx has been licensed by the Board as a Mail Order Pharmacy, license number MO40000475 since 2003 and MO40000705 since 2006.

2. On or about October 2, 2007, ExcelleRx was disciplined by the DEA.

3. On November 6, 2007, ExcelleRx submitted an application for renewal of license number MO40000475 and on December 17, 2007 ExcelleRx submitted an application for renewal of license number MO40000705 without disclosing the disciplinary action that occurred by the DEA on either application.

4. In December 2011, ExcelleRx submitted its applications for renewal of license number MO40000475 and MO4000705.

5. At its meeting on August 28, 2012, the Board reviewed the above-mentioned information. Based on this information, the Board voted to preliminarily deny ExcelleRx's applications for renewal as a Mail Order Pharmacy.

6. In lieu of the denial, the Board also voted to offer ExcelleRx this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Debra Thompson, Professional Licensing Coordinator, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by **October 4, 2012**, the preliminary denial of ExcelleRx's applications for renewal of licensure as a Mail Order Pharmacy will become final.

COVENANTS

7. ExcelleRx admits to failure to disclose disciplinary action to the Board for the renewal applications submitted on November 6, 2007 (MO40000475) and December 17, 2007 (MO40000705) when renewing its licenses, in violation of 32 M.R.S. § 13742-A and that such violation constitutes grounds for the denial of the renewal applications as a Mail Order Pharmacy pursuant to 10 M.R.S. § 8003(5-A)(A)(4).

8. As a condition of licensure and for conduct admitted in paragraph 7 above, ExcelleRx agrees to:

A. Accept a WARNING from the Board as sanction for that violation; and

B. Pay a CIVIL PENALTY in the amount of one thousand dollars ($1000.00) for each license, totaling two thousand dollars ($2000.00).

9. Upon receipt of this executed Consent Agreement, the Board will not deny ExcelleRx's applications on the basis of the conduct admitted to in paragraph 7 and will approve the applications consistent with the provisions of Board Rules chapter 11.

10. The Attorney General and the Board agree that no further agency or legal action will be taken against ExcelleRx's licenses based on the specific violations admitted to herein, except in the event that ExcelleRx does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

11. The Consent Agreement is not subject to appeal.

12. The Consent Agreement is not subject to amendment except by written agreement of all parties.

13. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

14. ExcelleRx understands that the execution of the Consent Agreement is completely voluntary and that it has the right to consult with an attorney before signing the Consent Agreement.

15. ExcelleRx acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that is has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For EXCELLERX

Dated: 10/2/12

Signature of Authorized Representative

Tom Stieritz, SVP/GM
Print Name and Title

Dated: 10/16/2012

JOSEPH BRUNO, R.PH., President
Maine Board of Pharmacy

Dated: 10-23-12

CARRIE L. CARNEY
Assistant Attorney General

excelleRx
an Omnicare company

1601 Cherry Street, Suite 1700
Philadelphia, PA 19102
Phone: 877.882.7822
Fax: 215.282.1586

Passionate for the Appropriate Use of Medication

February 1, 2013

State of New Hampshire
Board of Pharmacy
57 Regional Drive
Concord, NH 03301-8518
Attention: James M. Queenan, R.PH. MBA

Dear Mr. Queenan:

Enclosed please find check #40085 in the amount of $5,000 as payment for Notice of Apparent Liability Assessment finalized by the board on January 23, 2013, a copy of which is included for your convenience.

Thank you for your time and consideration in this matter.

Very Truly Yours,

Kate Woods, J.D., MPH
Senior Director, Compliance & Quality

EXCELLERX INC.
1601 CHERRY STREET, SUITE 1700
PHILADELPHIA, PA 19102
PH: 215-282-1600
An Omnicare Company

SunTrust Bank
Sevierville, TN
64-79/611

2000 40085
NUMBER

DATE
12/14/2012

AMOUNT
$5,000.00

Five Thousand Dollars and 00 Cents

PAY
TO THE
ORDER
OF

New Hampshire Board of Pharmacy
57 Regional Drive
Concord NH 03301-8518

DOCUMENT CONTAINS A COLORED BACKGROUND AND MICRO-PRINT SIGNATURE LINE - MAGNIFY TO VIEW

⑈ 2000 40085 ⑈ ⑆ 061100790 ⑆ 7019006266 ⑈

STATE OF NEW HAMPSHIRE
BOARD OF PHARMACY
57 Regional Drive
Concord, NH 03301-8518

January 23, 2013

ExcelleRx, Inc.
Attn: Ryan M. Emfinger, R.Ph.
2525 Horizon Lake Drive, Suite 101
Memphis, TN 38133

Dear **Mr. Emfinger:**

Enclosed, for your records, is a copy of the signed//executed *Notice of Apparent Liability*. Please note the **payment of the $5,000 fine is due no later than February 23, 2013.** If you have any questions/concerns, please feel free to call (603-271-7842) or email me (james.queenan@nh.gov).

Sincerely,

James M. Queenan, R.Ph., MBA
Executive Secretary / Director

President
Vahrij Manoukian, R.Ph.

Vice President
Charles J. Fanaras, R.Ph.

Secretary
Helen C. Pervanas, PharmD, R.Ph.

Treasurer
Gary J. Merchant, R.Ph., M.B.A.

Member
Michael D. Bullek, R.Ph.

Public Member
Heather C. Shambarger

Member
Robert J. Stout, R.Ph.

Executive Secretary/Director
James M. Queenan, R.Ph., M.B.A.

Chief Compliance Investigator
Margaret A. Clifford, R.Ph.

Compliance Investigator
Robert D. Elder, R.Ph.

Jason R. Richard
Business Administrator

Telephone: (603) 271-2350 ♦ Fax: (603) 271-2856
Website: www.nh.gov/pharmacy ♦ E-Mail: pharmacy.board@nh.gov

Sheila T. Labounty
Licensing Assistant

COPY

State of New Hampshire
Board of Pharmacy
Concord, New Hampshire

In the Matter of:
Excellerx, Inc.
Registration No. NR0230

NOTICE OF APPARENT LIABILITY

Pursuant to New Hampshire RSA 318:29; RSA 318:30; RSA 318:31; Pharmacy Administrative Rule ("Ph") 204; Ph 309; and Ph 402, the New Hampshire Board of Pharmacy ("Board") has the authority to investigate allegations of professional misconduct and, at any time, to dispose of such allegations by *Notice of Apparent Liability*, without commencing a disciplinary hearing. The Board also has the authority to assess and collect administrative fines against entities such as Excellerx, Inc. ("Excellerx") that are permitted by the Board and whose conduct is found to violate state or federal laws and/or the New Hampshire Pharmacy Board Administrative Rules. *See* RSA 318:29; Ph 309.13; and Ph 309.14.

As authorized to do so, the Board hereby issues a *Notice of Apparent Liability* to Excellerx.

In support of the *Notice of Apparent Liability*, the Board sets forth the following facts:

1. On March 1, 2012, the Board received Excellerx's April 1, 2012 – March 31, 2013 renewal application. In its renewal application, Excellerx reported past discipline.
2. On or about September 13, 2011, Excellerx entered into a Consent Order with the State of Tennessee Board of Pharmacy ("Tennessee Board") to resolve allegations that Excellerx dispensed schedule II controlled substances to patients prior to

obtaining a physician's signature for authorization to dispense and without meeting emergency authorization procedures. Under the terms of the consent order, Excellerx was been placed on probation for five years.

3. Excellerx failed to notify the New Hampshire Board of the disciplinary action by the Tennessee Board within five days. Notification to the New Hampshire Board was not made until March 1, 2012 when the Board received Excellerx's renewal application.

4. Based on the facts set forth above, the Board finds that:

(a) Excellerx was first granted a mail-order pharmacy registration in the State of New Hampshire on April 12, 2002.

(b) Excellerx entered into a Consent Order with the Tennessee Board to resolve allegations that Excellerx dispensed schedule II controlled substances to patients prior to obtaining a physician's signature for authorization to dispense and without meeting emergency authorization procedures. Under the terms of the consent order, Excellerx was been placed on probation for five years.

(c) Under the terms of Ph 905.01(b), Excellerx was obligated to report disciplinary action to the New Hampshire Board within five days.

(d) Excellerx failed to report the Tennessee Board's discipline within five days in that the New Hampshire Board did not receive notification of the discipline until it received Excellerx's renewal application on March 1, 2012.

5. Excellerx neither admits nor denies the facts set forth in paragraphs 4(a)-(d) above, but consents to the Board's authority to make findings against Excellerx as set forth in paragraphs 4(a)-(d) above, and accepts the following sanction imposed by this *Notice of Apparent Liability*:

   (a) Based upon the violations of law set forth in paragraphs above, the Board hereby assesses Excellerx an administrative fine in the amount of $5,000 dollars. The entire amount ($5,000) is to be paid within thirty (30) days of the issuance of this *Notice of Apparent Liability* by mailing or delivering a certified bank check or money order made payable to "Treasurer, State of New Hampshire" to the Board's office at 57 Regional Drive, Concord, NH 03301.

6. Excellerx agrees to pay the administrative fine as specified above within thirty (30) days of the issuance of the *Notice of Apparent Liability* or request that a public administrative hearing be scheduled by the Board. If a hearing is requested, the *Notice of Apparent Liability* shall be withdrawn and a *Notice of Hearing* shall be proposed for issuance by the Board. At such a hearing, the Board's disciplinary options shall not be limited to the assessment of a civil administrative penalty.

7. Except as provided herein, the payment of the assessed administrative fine shall bar the commencement of further action by the Board based upon the conduct described above. However, the Board may consider this conduct in the event that similar conduct is proven against Excellerx in the future.

N.H. Board of Pharmacy
In the matter of Excellerx Inc.
Notice of Apparent Liability

BY ORDER OF THE BOARD/*

FOR THE RESPONDENT

Date: 12/20/2012

(signature)

Thomas Stiefitz

(print name)
Duly Authorized Representative of
Excellerx

FOR THE NEW HAMPSHIRE BOARD OF PHARMACY*

Date: January 22, 2013

John Queenan

JAMES M. QUEENAN

(Print or Type Name)
Authorized Representative of the
New Hampshire Board of Pharmacy

/* Board Member(s), recused:

DocNo 838878

BEFORE THE INDIANA BOARD OF PHARMACY
2013 IBP 0067

IN THE MATTER OF THE INDIANA NON-RESIDENT PHARMACY LICENSES OF

EXCELLE RX PA D/B/A HOSPICE PHARMACIA
LICENSE NUMBER 64000693A

EXCELLERX
LICENSE NUMBER 64000385A

EXCELLERX
LICENSE NUMBER 64000985A

FILED
DEC 18 2013
Indiana Professional Licensing Agency

FINDINGS OF FACT, ULTIMATE FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The Indiana Board of Pharmacy ("Board") held an administrative hearing on December 9, 2013, in Room W064 of the Indiana State Government Center South, 402 West Washington Street, Indianapolis, Indiana 46204, concerning an Amended Complaint ("Complaint") filed against ExcelleRx PA dba Hospice Pharmacia, license number 64000693A ("Respondent – Sharon Hill"); ExcelleRx, license number 64000385A ("Respondent – Memphis"); and, ExcelleRx, license number 64000985A ("Respondent – Cherry Street") (collectively "Respondents") on October 9, 2013 by the State of Indiana ("Petitioner").

The Petitioner was represented by Darren R. Covington, Deputy Attorney General. Respondents appeared in person and chose to proceed without counsel.

The Board, after considering the evidence presented and taking official notice of its file in this matter, by a vote of 5-0, issues the following Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Respondent – Sharon Hill's address on file with the Indiana Professional Licensing Agency is 512 Elmwood Avenue, Sharon Hill, Pennsylvania, 19079.

2. Respondent – Sharon Hill is a licensed non-resident pharmacy in the State of Indiana having been issued license number 64000693A on January 25, 2006.

3. Respondent – Memphis' address on file with the Indiana Professional Licensing Agency is 2525 Horizon Lake Drive, Suite 101, Memphis, Tennessee 38133.

4. Respondent – Memphis is a licensed non-resident pharmacy in the State of Indiana having been issued license number 64000385A on April 4, 2002.

5. Respondent – Cherry Streets' address on file with the Indiana Professional Licensing Agency is 1601 Cherry Street, Philadelphia, Pennsylvania 19102.

6. Respondent – Cherry Street is a licensed non-resident pharmacy in the State of Indiana having been issued license number 64000985A on July 6, 2009.

7. Respondent – Sharon Hill and Memphis hold licenses in Maine and Tennessee.

8. On or around October 2, 2007 the Respondents' parent company, excelleRx, Inc., entered into a consent decree with the Drug Enforcement Administration (DEA). This consent decree was related to Respondents dispensing approximately 7,000 schedule II controlled substances to hospice patients without meeting the emergency authorization procedure established under 21 CFR § 290.10. Under the consent decree, Respondents neither admitted nor denied liability. Respondents agreed to pay a civil penalty in the amount of $540,000.

9. When Respondents renewed an Indiana license, Respondents answered "no" to the following questions: "Since you last renewed: Have you had any action, discipline, or revocation on any federal registration you hold or have held?"

10. On or around September 13, 2011, the Respondent – Memphis entered into a consent order with the Tennessee Board of Pharmacy, placing the Respondent – Memphis's license on probation. This discipline was based upon Respondents' settlement with the DEA.

11. On or around October 23, 2012, the Respondents – Sharon Hill and Memphis entered into a consent agreement with the Maine Board of Pharmacy, ordering the Respondents to pay $2,000. This discipline was based upon Respondents' consent decree with the DEA and Respondents' failure to report this consent decree on its 2007 renewal.

ULTIMATE FINDINGS OF FACT

1. Respondents – Sharon Hill and Memphis violated Ind. Code § 25-1-9 4(a)(7) in that Respondent has had disciplinary action taken against its Tennessee and Maine license on grounds similar to Ind. Code § 25-1-9-4(a)(3), for knowingly violating any state statute or rule, or federal statute or regulation, regulating the profession in question.

2. Respondents violated Ind. Code § 25-1-9-4(a)(1)(A), and Respondents acknowledge that they must disclose any and all actions, including but not limited to any settlement or consent orders entered into between Respondent and government and regulatory authorities.

CONCLUSIONS OF LAW

Respondent's violations are cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or revocation and a fine up to the amount of $1,000 per violation as detailed in Ind. Code § 25-1-9-9.

ORDER

Based upon the above Findings of Fact, Ultimate Findings of Fact, and Conclusions of Law, the Board issues the following Order:

1. Respondents' Indiana non-resident pharmacy licenses shall be issued a **LETTER OF REPRIMAND** attached as Exhibit A.

2. Within thirty (30) days of the date of the Board's Order, each Respondent shall pay a **FINE** in the amount of **TWO HUNDRED FIFTY DOLLARS ($250.00)** payable to the Indiana Professional Licensing Agency.

3. Within thirty (30) days of the date of the Board's Order, each Respondent shall, pursuant to Indiana Code 4-6-14-10 (b), pay a fee of Five Dollars ($5.00) within thirty (30) days of the date of the Final Order in this matter, to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order made payable to the **State of Indiana**, and submitted to the following address:

Indiana Office of the Attorney General
Attn: Katherine Lee
302 West Washington Street, 5th Floor
Indianapolis, IN 46204

4. Respondents' violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of pharmacy may result in the State requesting a summary suspension of Respondents' license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

SO ORDERED this 13th day of December, 2013.

INDIANA BOARD OF PHARMACY

By: _____
Nicholas W. Rhoad
Executive Director
Indiana Professional Licensing Agency

CERTIFICATE OF SERVICE

I certify that a copy of the "Findings of Fact, Ultimate Findings of Fact, Conclusions of Law, and Order" has been duly served upon:

Excelle Rx PA d/b/a Hospice Pharmacia
512 Elmwood Ave.
Sharon Hill, PA 19079
Service by US Mail.

ExcelleRx
2525 Horizon Lake Dr., Ste. 101
Memphis, TN 38133
Service by US Mail.

Excelle Rx
1601 Cherry St.
Philadelphia, PA 19102
Service by US Mail.

Charles Hartig
Omnicare, Inc.
900 Omnicare Center
201 E. 4th Street
Cincinnati, OH 45202
Service by U.S. Mail

Darren R. Covington, Deputy Attorney General
Office of the Indiana Attorney General
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204
Service by Email

12/13/13
Date

Jessi N. Rager, Litigation Specialist

Indiana Board of Pharmacy
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2067
Fax: 317-233-4236
Email: pla4@pla.in.gov

Explanation of Service Methods
Personal Service: by delivering a true copy of the aforesaid document(s) personally.
Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.
Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

Indiana Professional Licensing Agency

Indiana Board of Pharmacy
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2067
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

December 13, 2013

Excelle Rx
1601 Cherry St.
Philadelphia, PA 19102

Re: In the matter of the license of Excelle Rx PA d/b/a Hospice Pharmacia
Before the Indiana Board of Pharmacy

Dear Excelle Rx PA d/b/a Hospice Pharmacia:

This letter of reprimand is issued as part of the Board's Order resulting from charges filed by the Office of the Attorney General on July 17, 2013 with the Indiana Board of Pharmacy.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possessing a license to practice as a pharmacy in this state. As a pharmacy, you are responsible for ensuring that your practice is in accordance with the standards of the profession.

The Findings of Fact, Conclusions of Law and Order is attached hereto and incorporated herein as part of this official reprimand.

Sincerely,

By: Nicholas W. Rhoad
Nicholas W. Rhoad
Executive Director
Indiana Professional Licensing Agency

Exhibit A

Indiana Professional Licensing Agency

Indiana Board of Pharmacy
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2067
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

December 13, 2013

ExcelleRx
2525 Horizon Lake Dr., Ste. 101
Memphis, TN 38133

Re: In the matter of the license of Excelle Rx PA d/b/a Hospice Pharmacia
Before the Indiana Board of Pharmacy

Dear Excelle Rx PA d/b/a Hospice Pharmacia:

This letter of reprimand is issued as part of the Board's Order resulting from charges filed by the Office of the Attorney General on July 17, 2013 with the Indiana Board of Pharmacy.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possessing a license to practice as a pharmacy in this state. As a pharmacy, you are responsible for ensuring that your practice is in accordance with the standards of the profession.

The Findings of Fact, Conclusions of Law and Order is attached hereto and incorporated herein as part of this official reprimand.

Sincerely,

By: Nicholas W Rhoad

Nicholas W. Rhoad
Executive Director
Indiana Professional Licensing Agency

Exhibit A

Indiana Professional Licensing Agency

Indiana Board of Pharmacy
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2067
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

December 13, 2013

Excelle Rx PA d/b/a Hospice Pharmacia
512 Elmwood Ave.
Sharon Hill, PA 19079

Re: In the matter of the license of Excelle Rx PA d/b/a Hospice Pharmacia
Before the Indiana Board of Pharmacy

Dear Excelle Rx PA d/b/a Hospice Pharmacia:

This letter of reprimand is issued as part of the Board's Order resulting from charges filed by the Office of the Attorney General on July 17, 2013 with the Indiana Board of Pharmacy.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possessing a license to practice as a pharmacy in this state. As a pharmacy, you are responsible for ensuring that your practice is in accordance with the standards of the profession.

The Findings of Fact, Conclusions of Law and Order is attached hereto and incorporated herein as part of this official reprimand.

Sincerely,

By: Nicholas W. Rhoad
Nicholas W. Rhoad
Executive Director
Indiana Professional Licensing Agency

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
SEAN D. REYES (U.S.B. 7969)
Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 146741
Salt Lake City, UT 84114-6741
Telephone: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF **EXCELLERX, INC** TO OPERATE AS A PHARMACY AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH	)))))	STIPULATION AND ORDER CASE NO. DOPL 2014-65

EXCELLERX, INC ("Respondent") and the **DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING** of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action. Thomas Stieritz is the Senior Vice-president and General Manager of Respondent pharmacy. Thomas Stieritz is authorized to act as agent for and enter into binding agreements on behalf of Respondent pharmacy.

2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Board of Pharmacy ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to a hearing, the right to call witnesses on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R151-4-901 through R151-4-907. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4-102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent understands that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent's license, to other persons and entities.

7. Respondent admits the following facts are true:

   a. Respondent's pharmacy located in Memphis, Tennessee, excellRx-Memphis, was first licensed to operate as a Class D pharmacy and to dispense controlled substances in the State of Utah on July 31, 2003 under Utah license number 5135389-1708.

   b. Respondent represents that Respondent's pharmacy, located in Sharon Hill, Pennsylvania, was licensed to operate as a Class D pharmacy and to dispense controlled substances in the State of Utah on February 9, 2006 under Utah license number 6118456-1708.

   c. Respondent represents that Respondent's pharmacies are licensed to operate in Tennessee, Maine, and New Hampshire.

   d. Respondent represents the following: that on or about October 2, 2007, Respondent entered into a Settlement Agreement with the Drug Enforcement Administration ("DEA").

      (i) In support of the Settlement Agreement, the DEA alleged that Respondent filled prescriptions before or without a physician's signature as required in 21 U.S.C. § 842(a)(1) and that it did not meet the requirements for use of the emergency authorization procedures defined in 21 C.F.R.§ 290.10.

      (ii) Respondent denied the allegations and the Settlement Agreement states that nothing therein shall be construed as an admission of fact, liability or wrongdoing, or evidence of a valid claim.

      (iii) Respondent paid $540,000 to settle the matter.

   e. On or about September 13, 2011, Respondent entered into a Consent Order with the Tennessee Board of Pharmacy ("Tennessee") regarding its Memphis pharmacy.

      (i) In support of the Consent Order, Tennessee alleged that if the allegations contained in Respondent's 2007 DEA Settlement Agreement "had been proven to be true, corresponding violations of federal law would likely have constituted violations" of Tenn. Code Ann. §63-10-305(4).

(ii) The Consent Order states that it is not an admission of liability or evidence of a valid claim.

(iii) The Consent Order placed Respondent's Memphis pharmacy on probation for five (5) years.

f. Respondent represents the following: On or about October 23, 2012, Respondent entered into a Consent Agreement with the Maine Board of Pharmacy ("Maine") regarding its Memphis and Sharon Hill pharmacies.

(i) In support of the Consent Agreement, Maine alleged that Respondent failed to report the 2007 DEA Settlement Agreement on its 2007 license renewal applications for the Memphis and Sharon Hill pharmacies.

(ii) The Consent Agreement issued a warning and imposed a $2,000 civil penalty.

g. Respondent represents the following: On or about January 22, 2013, Respondent entered into a Notice of Apparent Liability with the New Hampshire Board of Pharmacy ("New Hampshire") regarding its Memphis pharmacy.

(i) In support of the Notice of Apparent Liability, New Hampshire found that Respondent reported the 2011 Tennessee Consent Order on its license renewal application but failed to notify New Hampshire within five (5) days as required by Ph 905.01(b).

(ii) The Notice of Apparent Liability states that Respondent neither admits nor denies the facts.

(iii) The Notice of Apparent Liability imposed a $5,000 administrative fine.

8. Respondent neither admits nor denies that the facts described above constitute unprofessional conduct, but consents that the Division's authority to impose disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-501(2)(d); and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-

401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's licenses by the Division pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

(a) Respondent shall pay a fine to the Division in the amount of $5,000.00 (five-thousand dollars), pursuant to Utah Code Ann. § 58-17b-401(6), § 58-17b-504(5), and Utah Administrative Code R156-17b-402. The fine shall be immediately stayed. If Respondent violates any term or condition of this Stipulation and Order, then the Division may take action to lift the stay of the fine.

9. Upon approval by the Director of the Division this Stipulation and Order shall be the final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and the Respondent waive any claim of bias or prejudgment they might otherwise have with regard to the Director by virtue of her having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent shall abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice. If the Division files a Petition alleging that Respondent has engaged in new misconduct or files an Order to Show Cause Petition alleging that Respondent has violated any of the terms and conditions contained in this Stipulation and Order, the period of Respondent's probation shall be tolled during the period that the Petition or Order to Show Cause Petition has been filed and is unresolved.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal

agreements that modify, interpret, construe or affect this Stipulation. Respondent agrees not to take any action or make any public statement, that creates, or tends to create, the impression that any of the matters set forth in this Stipulation and Order are without factual basis. A public statement includes statements to one or more Board members during a meeting of the Board. Any such action or statement shall be considered a violation of this Stipulation and Order.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent shall comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Respondent shall comply with and timely complete all the terms and conditions of probation. If a time period for completion of a term or condition is not specifically set forth in the Stipulation and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Board. Failure to comply with and timely complete a term or condition shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction.

14. Respondent understands that the disciplinary action taken by the Division in this Stipulation and Order may adversely affect any license that Respondent may possess in another state or any application for licensure Respondent may submit in another state.

15. Respondent has read each and every paragraph contained in this Stipulation and

Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

BY: _____
RICHARD J. OBORN
Bureau Manager

DATE: 2/10/14

RESPONDENT

BY: _____
THOMAS STIERITZ

DATE: 2/5/2014

SEAN D. REYES
ATTORNEY GENERAL

BY: _____
L. MITCHELL JONES
Counsel for the Division

DATE: 10 Feb 2014

ORDER

THE ABOVE STIPULATION, in the matter of **EXCELLERX, INC,** is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 11th day of February, 2014.

DIVISION OF OCCUPATIONAL AND
PROFESSIONAL LICENSING

MARK B. STEINAGEL
Director

Investigator: Missie Stoffel

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

October 30, 2014

CERTIFIED MAIL

ExcelleRx, Inc.
512 Elmwood Avenue
Sharon Hill, PA 19079

ExcelleRx, Inc.
2525 Horizon Lake Drive, Suite 101
Memphis, TN 38133

RE: Administrative Case No. 4940

Dear ExcelleRx, Inc.:

This **PUBLIC REPROVAL** is issued following your stipulation to charges brought against yourself by the Board of Pharmacy in Accusation No. 4940. Attached is the Board of Pharmacy's Stipulated Settlement and Disciplinary Order for Public Reproval. Your attention is directed to page 4 of the document.

Effective November 4, 2014, Non-Resident Pharmacy Permit Numbers NRP 714 and NRP 715 issued to ExcelleRx, Inc. are subject to this **PUBLIC REPROVAL**. ExcelleRx, Inc. is liable to pay to the Board of Pharmacy its costs of investigation and enforcement in the amount of $467.00 within 30 days of the effective date of this Decision. Payments should be made payable to the Board of Pharmacy and mailed, along with a copy of this letter, to the address noted above.

If you have any questions concerning this matter, you may contact Lisa Chullino, Enforcement Analyst, at (916) 574-7921.

Sincerely,

VIRGINIA K. HEROLD
Executive Officer

By: Susan Cappello

Susan Cappello
Enforcement Manager

SC:kl
Enclosure

cc: Elena L. Almanzo, DAG
Catherine Jackson-Woods, Senior Director, Compliance and Quality

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: ExcelleRx, Inc., NRP 714
ExcelleRx, Inc., NRP 715

Case No. 4940

I am over 18 years of age, and not a party to the within cause; my business address is 1625 N. Market Blvd, Suite N 219, Sacramento, California 95834. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed to as follows:

NAME	CERTIFIED NO.
ExcelleRx, Inc. 512 Elmwood Avenue Sharon Hill, PA 19079	7014 1200 0000 8475 0669
ExcelleRx, Inc. 2525 Horizon Lake Drive, Suite 101 Memphis, TN 38133	7014 1200 0000 8475 0676
ExcelleRx, Inc. Attn: Catherine Jackson-Woods 1601 Cherry Street, Suite 1700 Philadelphia, PA 19102	7014 1200 0000 8475 0683

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on October 30, 2014, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on October 30, 2014, at Sacramento, California.

Kelly Lincoln

Kelly Lincoln, Enforcement Analyst

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **EXCELLERX INC.** 512 Elmwood Avenue Sharon Hill, PA 19079 Non-Resident Pharmacy Permit No. NRP 714 **EXCELLERX INC.** 2525 Horizon Lake Drive, Suite 101 Memphis, TN 38133 Non-Resident Pharmacy Permit No. NRP 715 Respondent.	Case No. 4940

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reproval is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on October 30, 2014.

It is so ORDERED on November 4, 2014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
STAN C. WEISSER
Board President

KAMALA D. HARRIS
Attorney General of California
KENT D. HARRIS
Supervising Deputy Attorney General
ELENA L. ALMANZO
Deputy Attorney General
State Bar No. 131058
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 322-5524
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **EXCELLERX INC.** **512 Elmwood Avenue** **Sharon Hill, PA 19079** **Non-Resident Pharmacy Permit No. NRP 714** **EXCELLERX INC.** **2525 Horizon Lake Drive, Suite 101** **Memphis TN 38133** **Non-Resident Pharmacy Permit No. NRP 715** Respondents.	Case No. 4940 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL** **[Bus. & Prof. Code § 495]**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. VIRGINIA HEROLD (Complainant) is the Executive Officer of the Board of Pharmacy. She brought this action solely in her official capacity and is represented in this matter

by Kamala D. Harris, Attorney General of the State of California, by Elena L. Almanzo, Deputy Attorney General.

2. Respondents ExcelleRx Inc., Sharon Hill, Pennsylvania and Memphis, Tennessee ("Respondents") are representing themselves in this proceeding and has chosen not to exercise their right to be represented by counsel.

3. On or about October 1, 2007, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 714 to ExcelleRx Inc to do business at 512 Elmwood Avenue, Sharon Hill, PA, 19079 (Respondent). The Non-Resident Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on October 1, 2014, unless renewed.

4. On or about April 13, 2007, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 715 to Omnicare Inc. and ExcelleRx Inc. to do business as ExcelleRX Inc. at 2525 Horizon Lake Drive, Suite 101, Memphis TN 38133 (Respondent). The Non-Resident Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on April 1, 2015, unless renewed.

JURISDICTION

5. Accusation No. 4940 was filed before the Board of Pharmacy (Board), Department of Consumer Affairs and is currently pending against Respondents. The Accusation and all other statutorily required documents were properly served on Respondents on May 16, 2014. Respondents timely filed their Notice of Defense contesting the Accusation. A copy of Accusation No. 4940 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondents have carefully read, and understands the charges and allegations in Accusation No. 4940. Respondents have also carefully read, and understand the effects of this Stipulated Settlement and Disciplinary Order for Public Reproval.

7. Respondents are fully aware of their legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at their own expense; the right to confront and cross-examine the witnesses against them; the right to present evidence and to testify on their own behalf; the right to the issuance of subpoenas to

compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondents voluntarily, knowingly, and intelligently waive and give up each and every right set forth above.

CULPABILITY

9. Respondents admit the truth of each and every charge and allegation in Accusation No. 4940.

10. Respondents agrees that their Non-Resident Pharmacy Permits are subject to discipline and they agree to be bound by the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondents understand and agree that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondents understand and agree that they may not withdraw their agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Reproval 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.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order for Public Reproval, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order for Public Reproval 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 and Disciplinary Order for Public Reproval may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. 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 following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Non-Resident Pharmacy Permit No. NRP 714 and Non-Resident Pharmacy Permit No. NPR 715 issued to Respondents ExcelleRx Inc., Sharon Hill, Pennsylvania and Memphis, Tennessee (Respondents) shall, by way of letter from the Board's Executive Officer, be publicly reproved. The letter shall be in the same form as the letter attached as Exhibit B to this stipulation.

IT IS FURTHER ORDERED that Respondent shall pay $467 to the Board for its costs associated with the investigation and enforcement of this matter within (30) thirty days of the effective date of this decision.

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Non-Resident Pharmacy Permit No. NRP 714. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 10-14-14

EXCELLERX INC.
SHARON HILL, PENNSYLVANIA
Respondent

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Non-Resident Pharmacy Permit No. NRP 715. I

enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 10-14-14

EXCELLERX INC.
MEMPHIS, TENNESEE
Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 10/20/2014

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
KENT D. HARRIS
Supervising Deputy Attorney General

ELENA L. ALMANZO
Deputy Attorney General
Attorneys for Complainant

SA2013113065
11528673.doc

Exhibit A

Accusation No. 4940

KAMALA D. HARRIS
Attorney General of California
KENT D. HARRIS
Supervising Deputy Attorney General
ELENA L. ALMANZO
Deputy Attorney General
State Bar No. 131058
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 322-5524
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **EXCELLERX INC.** **512 Elmwood Avenue** **Sharon Hill, PA 19079** **Non-Resident Pharmacy Permit No. NRP 714** **EXCELLERX INC.** **2525 Horizon Lake Drive, Suite 101** **Memphis TN 38133** **Non-Resident Pharmacy Permit No. NRP 715** Respondents.	Case No. 4940 **ACCUSATION**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about October 1, 2007, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 714 to ExcelleRx Inc to do business at 512 Elmwood Avenue, Sharon Hill,

PA, 19079 (Respondent). The Non-Resident Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on October 1, 2014, unless renewed.

3. On or about April 13, 2007, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 715 to Omnicare Inc. and ExcelleRx Inc. to do business as ExcelleRX Inc. at 2525 Horizon Lake Drive, Suite 101, Memphis TN 38133 (Respondent). The Non-Resident Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on April 1, 2015, unless renewed.

JURISDICTION

4. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 4300 of the Code states:

"(a) Every license issued may be suspended or revoked.

"(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

"(1) Suspending judgment.

"(2) Placing him or her upon probation.

"(3) Suspending his or her right to practice for a period not exceeding one year.

"(4) Revoking his or her license.

"(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper.

"(c) The board may refuse a license to any applicant guilty of unprofessional conduct. The board may, in its sole discretion, issue a probationary license to any applicant for a license who is guilty of unprofessional conduct and who has met all other requirements for licensure. The board may issue the license subject to any terms or conditions not contrary to public policy, including, but not limited to, the following:

"(1) Medical or psychiatric evaluation.

"(2) Continuing medical or psychiatric treatment.

"(3) Restriction of type or circumstances of practice.

"(4) Continuing participation in a board-approved rehabilitation program.

"(5) Abstention from the use of alcohol or drugs.

"(6) Random fluid testing for alcohol or drugs.

"(7) Compliance with laws and regulations governing the practice of pharmacy.

"(d) The board may initiate disciplinary proceedings to revoke or suspend any probationary certificate of licensure for any violation of the terms and conditions of probation. Upon satisfactory completion of probation, the board shall convert the probationary certificate to a regular certificate, free of conditions.

"(e) The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code, and the board shall have all the powers granted therein. The action shall be final, except that the propriety of the action is subject to review by the superior court pursuant to Section 1094.5 of the Code of Civil Procedure."

6. Section 118 of the Code states:

"(a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.

"(b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

"(c) As used in this section, 'board' includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and 'license' includes 'certificate,' 'registration,' and 'permit.'"

7. On or about October 2, 2007, the Respondents' parent company, ExcelleRX, Inc., entered into a consent decree with the Drug Enforcement Administration (DEA). This consent decree was related to Respondents dispensing approximately 7,000 schedule II controlled substances to hospice patients without meeting the emergency authorization procedure established under 21 CFR section 290.10. Under the consent decree, Respondents neither admitted nor denied liability. Respondents agreed to pay a civil penalty in the amount of $540,000.

CAUSE FOR DISCIPLINE

(Out of State Discipline)

8. Respondents are subject to discipline under Code section 4301 (n) in that effective September 13, 2011, pursuant to a Consent Order, attached hereto as **Exhibit A**, in a matter titled *In the Matter of Excellerx,* the Tennesee State Board of Pharmacy placed Respondents Pharmacy license on probation for a period of five years under terms and conditions of probation including compliance with inspections among other conditions.

9. Respondents are subject to discipline under Code section 4301 (n) in that effective November 5, 2012, pursuant to a Consent Agreement, attached hereto as **Exhibit B**, in a matter titled *In re Excellerx,* the State of Maine, found that ExcelleRX failed to disclose disciplinary action by the FDA on their request for renewal of licensure and imposed a warning and a civil penalty in the amount of $2000.

10. Respondents are subject to discipline under Code section 4301 (n) in that effective December 13, 2013, pursuant to a Decision and Order, attached hereto as **Exhibit** C, in a matter entitled *In the Matter of the Indiana Non-Resident Pharmacy Licenses of Excelle RX PA d/b/a Hospice Pharmacia License Number 64000693A, Excellerx license number 64000385A, and Ecellerx license number 64000985A,* before the Indiana Board of Pharmacy; the Indiana Board issued a letter of reprimand and fined Respondents two hundred and fifty dollars ($250) for failure to disclose the consent decree entered into with the FDA on their application for renewal.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Non-Resident Pharmacy Permit Number NRP 714, issued to ExcelleRx Inc. do business at 512 Elmwood Avenue, Sharon Hill, PA 19079;

2. Revoking or suspending Non-Resident Pharmacy Permit Number NRP 715, issued to ExcelleRx Inc. do business at 2525 Horizon Lake Drive, Suite 101, Memphis TN 38133;

3. Ordering ExcelleRX to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

4. Taking such other and further action as deemed necessary and proper.

DATED: 5/3/14

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SA2013113065
11323831.doc

Exhibit B

Letter of Public Reproval in Case No. 4940

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

October 30, 2014

ExcelleRx, Inc.
512 Elmwood Avenue
Sharon Hill, PA 19079

ExcelleRx, Inc.
2525 Horizon Lake Drive, Suite 101
Memphis, TN 38133

Re: LETTER OF PUBLIC REPROVAL
In the Matter of the Accusation Against:
ExcelleRx Inc., Non-Resident Pharmacy Permit Nos. NRP 714 and NRP 715

Dear ExcelleRx, Inc.:

On May 3, 2014, the Board of Pharmacy, Department of Consumer Affairs, State of California, filed an Accusation against your Non-Resident Pharmacy Permits. The Accusation alleged that you engaged in unprofessional conduct under Business and Professions Code section 4301(n) based upon out of state discipline.

Taking into consideration that no admissions were made in the underlying action, you change procedures for filing prescriptions, you notified the Board of the discipline by the states of Tennessee, Maine, and Indiana, and that there are other mitigating circumstances in this case that support the determination that you are safe to practice as a non-resident pharmacy, the Board has decided that the charges warrant a public reproval.

Accordingly, in resolution of this matter under the authority provided under Business and Professions Code section 495, the Board of Pharmacy, Department of Consumer Affairs issues this letter of public reproval.

Sincerely,

Virginia Herold

VIRGINIA K. HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs

BEFORE THE IOWA BOARD OF PHARMACY

Re: Nonresident Pharmacy License of **EXCELLERX** License Nos. 3435, 3631 and 3638	)))))	Case Nos. 2012-184 **SETTLEMENT AGREEMENT AND FINAL ORDER**

Pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2011), the Iowa Board of Pharmacy and excelleRx, Respondent, enter into the following Settlement Agreement and Final Order to settle a licensee disciplinary proceeding currently pending before the Board.

The allegations contained in a Statement of Charges against Respondent shall be resolved without proceeding to hearing, as the Board and Respondent stipulate as follows:

1. Respondent was issued Nonresident Pharmacy License No. 3435 for its Memphis, TN facility. That license is active and current until December 31, 2014.
2. Respondent was issued Nonresident Pharmacy License No. 3631 for its Sharon Hill, PA facility. That license is active and current until December 31, 2014.
3. Respondent was issued Nonresident Pharmacy License No. 3838 for its Philadelphia, PA facility. That license is active and current until December 31, 204.
4. Respondent at all times relevant to the Statement of Charges operated a pharmacies at 2525 Horizon Lake Drive, Suite 101, Memphis, Tennessee 38133; 512 Elmwood Avenue, Sharon Hill, PA 19079, and 1601 Cherry Street, Suite 1700, Philadelphia, PA 19102
5. The Board has jurisdiction over the parties and the subject matter of these proceedings.

6. Respondent has chosen not to contest the allegations in the Statement of Charges and acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline agreed to in this Order.

On the date of the Board's approval of this Settlement Agreement and Final Order, Respondent is hereby cited and warned that Respondent's failure to comply with the laws governing the practice of pharmacy in the future could result in further discipline. Respondent shall submit a $5000.00 civil penalty to the Board. This civil penalty shall be made payable to the Treasurer of Iowa and mailed to the executive director of the Board within ten (10) days of the date this Settlement Agreement is approved by the Board. All civil penalty payments shall be deposited into the State of Iowa's general fund.

Respondent has submitted to the Board for its approval policies and procedures for the dispensing of controlled substances, including verification of the completeness of controlled drug prescriptions.

a. Respondent shall comply with all applicable Iowa pharmacy law and rules and related federal requirements for controlled substances while operating its pharmacies.

b. Additionally, at this time Respondent is in settlement discussions with several other states related to the same underlying matters contained in the Statement of Charges. Respondent will self-report to the Iowa Board of Pharmacy upon final approval of any other settlement agreements resulting in disciplinary action in connection with such underlying matters upon final resolution with the individual state Boards.

7. Should Respondent violate or fail to comply with any of the terms and conditions of this Settlement Agreement and Final Order, the Board may initiate action to revoke or suspend Respondent's nonresident pharmacy license or to impose other licensee discipline as authorized by Iowa Code chapters 272C and 155A (2011) and 657 IAC 36.
8. This Settlement Agreement and Final Order is the resolution of a contested case. By entering into this Settlement Agreement and Final Order, Respondent waives all rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to this Final Order.
9. The State's legal counsel may present this Settlement Agreement and Final Order to the Board.
10. This Settlement Agreement and Final Order is subject to approval by a majority of the full Board. If the Board fails to approve this settlement, it shall be of no force or effect to either the Board or Respondent. If the Board approves this Settlement Agreement and Final Order, it shall be the full and final resolution of this matter.
11. The Board's approval of this Settlement Agreement and Final Order shall constitute a FINAL ORDER of the Board.

This Settlement Agreement and Final Order is voluntarily submitted by Respondent to the Board for its consideration on the 22 day of October, 2014.

For excelleRx, Respondent

By this signature Scott Baach acknowledges s/he is the Secretary for Respondent excelleRx and is authorized to sign this Settlement Agreement and Final Order on

behalf of Respondent.

This Stipulation and Consent Order is accepted by the Iowa Board of Pharmacy on the 19th day of November 2014.

EDWARD L. MAIER, Chairperson
Iowa Board of Pharmacy
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Meghan Gavin
Assistant Attorney General
Iowa Attorney General's Office
2nd Floor, Hoover State Office Building
Des Moines, Iowa 50319
Phone (515) 281-6736

Kate Woods, Esquire
Senior Director, Corporate Compliance
excelleRx, Inc.
1601 Cherry Street
Suite 1700
Philadelphia, PA 19102

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Sherry Hess, Acting Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
www.pr.mo.gov/pharmacists
email: MissouriBOP@pr.mo.gov

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
9314 8699 0430 0010 5421 29

February 11, 2015

Scott Baach, Secretary
ExcelleRx, Inc.
1480 Imperial Way
Paulsboro, NJ 08066

Dear Mr. Baach:

Enclosed is a copy of the fully executed **Settlement Agreement Between State Board of Pharmacy and ExcelleRx, Inc.** regarding the discipline of Missouri pharmacy permit #200315952. The Agreement is scheduled to become effective February 25, 2015. You will receive additional communication from our office following that date.

If you have any questions, please feel free to contact me at (573) 751-0093.

Sincerely,

Tammy Siebert

TAMMY SIEBERT
ADMINISTRATIVE COORDINATOR

Enclosure

cc: Joshua Hill, Attorney
Kate Woods, Attorney (Certified Mail No. 9314 8699 0430 0010 5350 91)

STATE OF MISSOURI
MISSOURI BOARD OF PHARMACY

IN RE:	)
	)
EXCELLERX, INC.	)
2525 Horizon Lake Drive, Suite 101	)
Memphis, Tennessee 38133	)
License No. 2003015952	)

SETTLEMENT AGREEMENT BETWEEN STATE BOARD OF PHARMACY AND EXCELLERX, INC.

Come now ExcelleRx, Inc. ("Respondent") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's permit as a drug distributor will be subject to discipline.

Pursuant to the terms of Section 536.060, RSMo, the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri ("AHC") and, additionally, the right to a disciplinary hearing before the Board under Section 621.110, RSMo, and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witness appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its

permit. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Administrative Hearing Commission, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's permit.

For purposes of settling this dispute, Respondent stipulates that the factual allegations contained in this Settlement Agreement are true, stipulates with the Board that Respondent's permit as a drug distributor, numbered 2003015952, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo.

JOINT STIPULATION OF FACTS

1. The Missouri Board of Pharmacy is an agency of the State of Missouri created and established pursuant to Section 338.110, RSMo, for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. ExcelleRx Inc., ("Respondent" or "Licensee"), is permitted by the Board as a pharmacy, permit number 2003015952. Respondent's permit was at all times relevant herein current and active.

3. On or about September 13, 2011, Respondent entered into a Consent Order with the Tennessee Board of Pharmacy related to Respondent's October 2, 2007, civil consent decree entered into with the United States Government.

4. Respondent's civil consent decree with the United States Government related to the Pharmacy's dispensing of approximately seven thousand (7,000) Schedule II controlled substances to hospice patients prior to obtaining the physician's authorized signature.

5. Respondent's Consent Order with the Tennessee State Board of Pharmacy, based upon the allegations in the October 2, 2007 civil consent decree, placed its Tennessee license numbered 3745 on probation for five (5) years to end on September 13, 2016.

6. On or about December 13, 2013, Respondent entered into Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order with the Indiana Board of Pharmacy relating to the October 2, 2007 civil consent decree.

7. The Indiana Board of Pharmacy issued Respondent a Letter of Reprimand and fine of $250.00 per license based on the allegations in the October 2, 2007 civil consent decree.

8. Missouri law provides:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (8) Denial of licensure to an applicant or disciplinary action against an applicant or the holder of a license or other right to practice any profession regulated by this chapter granted by another state, territory, federal agency, or country whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, surrender of the license upon grounds for which denial or discipline is authorized in this state.

9. Respondent has been placed on probation, and had its license/permit reprimanded, in multiple states in violation of §338.055.2(8), RSMo.

Cause to Discipline

10. Cause exists for Petitioner to take disciplinary action against Respondent's Permit under §338.055, RSMo, which states, in pertinent parts:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (5) Incompetence, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by this chapter;
>
> * * *
>
> (8) Denial of licensure to an applicant or disciplinary action against an applicant or the holder of a license or other right to practice any profession regulated by this chapter granted by another state, territory, federal agency, or country whether or not voluntarily agreed to by the licensee or applicant, include, but not limited to, surrender of the license upon grounds for which denial or discipline is authorized in this state
>
> * * *
>
> (13) Violation of any professional trust or confidence; §338.055.2(5), (8), (13), RSMo.

JOINT AGREED DISCIPLINARY ORDER

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of Section 621.045.3, RSMo:

1. Respondent's drug distributor permit numbered 2003015952 shall be placed on **PROBATION** until September 13, 2016. The period of probation shall constitute the disciplinary period. The terms of discipline shall be as follows:

A. Respondent shall pay all required fees for licensing to the Board and shall renew its drug distributor license prior to October 31 of each licensing year.

B. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

C. If, after disciplinary sanctions have been imposed, the Respondent fails to keep its drug distributor license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

D. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months (due by each January 1 and July 1), beginning with whichever date occurs first after this Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of its disciplinary order.

E. Respondent shall make a representative of the drug distributor available for personal interviews to be conducted by a member of the Board or the Board of Pharmacy staff. Said meetings will be at the Board's discretion and may occur periodically during the disciplinary period. Respondent will be notified and given sufficient time to arrange these meetings.

F. Respondent's failure to comply with any condition of discipline set forth herein constitutes a violation of this disciplinary Agreement.

G. The parties to this Agreement understand that the Board of Pharmacy will maintain this Agreement as an open record of the Board as provided in Chapters 324, 338, 610, RSMo.

2. Upon the expiration of said discipline, Respondent's license as a drug distributor in Missouri shall be fully restored if all other requirements of law have been satisfied provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs, and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to Section 536.087, RSMo, or any claim arising under 42 U.S.C. §1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____REQUESTS

_____DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S PERMIT AS A DRUG DISTRIBUTOR.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's permit and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's permit. Effective fifteen (15) days from the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's permit, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the Settlement Agreement goes into effect fifteen (15) days after the document is signed by the Board's Executive Director.

RESPONDENT
EXCELLERX, INC.

By: _____

As Authorized Agent for
EXCELLERX, INC.

Date: 1/22/2015

PETITIONER
MISSOURI BOARD OF
PHARMACY

By: _____
KIMBERLY GRINSTON
Executive Director

Date: 2-10-15

NEWMAN, COMLEY & RUTH
P.C.

By: _____
Joshua L. Hill #62951
P.O. Box 537
Jefferson City, Missouri 65102-0537
Telephone: (573) 634-2266
Fax: (573) 636-3306
hilli@ncrpc.com

Attorneys for Missouri Board of
Pharmacy

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

In the Matter of

ExcelleRx – Mem.
a/k/a ExcelleRx, Inc.
License Number: 53-01-008243
53-15-024294

FILE NO.: 53-13-129620

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

I, Dina Young, of Lansing, County of Ingham, State of Michigan, do hereby state that on June 11, 2015, I sent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

CONSENT ORDER AND STIPULATION dated June 10, 2015

BY: (X) First Class Mail
( ) Certified Mail, Return receipt requested

TO: ExcelleRx – Mem.
2525 Horizon Lake Drive, Suite 101
Memphis, TN 38133

By Interdepartmental Mail to:

Virginia Abdo, Manager
Bureau of Health Care Services
Compliance Section

Jessica Taub
Assistant Attorney General
Licensing and Regulation Division

Dina Young
Dina Young
Enforcement Division

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

EXCELLERX – MEM
a/k/a ExcelleRX, Inc.
License Numbers: 53-01-008243
53-15-024294
_____/

Complaint No. 53-13-129620

CONSENT ORDER AND STIPULATION

CONSENT ORDER

A first superseding administrative complaint was filed with the Disciplinary Subcommittee of the Board of Pharmacy on April 1, 2015, charging ExcelleRX-Mem a/k/a ExcelleRX, Inc. (Respondent) with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq.*

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the complaint are true and that Respondent has violated section 17768(2)(d) of the Public Health Code.

Accordingly, for this violation, IT IS ORDERED:

Respondent is FINED FOUR THOUSAND AND 00/100 DOLLARS ($4,000.00) to be paid by check, money order or cashier's check made payable to the State of Michigan (with complaint number 53-13-129620 clearly indicated on the

check or money order) within sixty (60) days from the effective date of this order. The timely payment of the fine shall be Respondent's responsibility. Respondent shall mail the fine to: Sanction Monitoring, Bureau of Health Care Services, Enforcement Division, Department of Licensing and Regulatory Affairs, P.O. Box 30189, Lansing, Michigan 48909.

Respondent shall be responsible for all costs and expenses incurred in complying with the terms and conditions of this consent order.

Respondent shall be responsible for the timely compliance with the terms of this consent order. Failure to comply within the time limitations provided will constitute a violation of this order.

If Respondent violates any term or condition set forth in this order, Respondent will be in violation of Mich Admin Code, R 338.1632, and section 16221(h) of the Public Health Code.

This order shall be effective thirty days from the date signed by the Chairperson of the Disciplinary Subcommittee or the Disciplinary Subcommittee's authorized representative, as set forth below.

Signed on 6/10/15

MICHIGAN BOARD OF PHARMACY

By Pamela L Lyett
Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate as follows:

1. Respondent does not contest the allegations of fact and law in the complaint. Respondent understands that, by pleading no contest, they do not admit the truth of the allegations but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of the complaint and may enter an order treating the allegations as true.

2. Respondent understands and intends that, by signing this stipulation, they are waiving the right under the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.

3. The Disciplinary Subcommittee may enter the above Consent Order, supported by Board conferee Dhafer Almaklani, R.Ph. Mr. Almaklani or an attorney from the Licensing and Regulation Division may discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

4. Mr. Almaklani and the parties considered the following factors in reaching this agreement:

A. All of the adverse administrative actions stem from the same underlying 2007 civil consent decree between Respondent and the United States Government.

B. Respondent self-reported all of the adverse administrative actions named in the Complaint.

By signing this stipulation, the parties confirm that they have read, understand and agree with the terms of the consent order.

AGREED TO BY:

Jessica A. Taub (P77540)
Assistant Attorney General
Attorney for Complainant
Dated: 4/8/15

AGREED TO BY:

Scott Baach
General Counsel
ExcelleRX-Mem Respondent
Dated: 4-1-15

LF: 2014-0064590-B/ ExcelleRX-Mem, a/k/a Excelle Rx, Inc, 129620/Consent order 2015-04-01

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

HOSPICE PHARMACIA
d/b/a ExcelleRX-PA
License Nos. 53-01-008328
and 53-15-025249
/

Complaint No. 53-13-130508
CONSENT ORDER AND STIPULATION

CONSENT ORDER

A first superseding administrative complaint was filed with the Disciplinary Subcommittee of the Board of Pharmacy on April 1, 2015, charging Hospice Pharmacia d/b/a ExcelleRX-PA (Respondent) with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq*.

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the complaint are true and that Respondent has violated section 17768(2)(d) of the Public Health Code.

Accordingly, for this violation, IT IS ORDERED:

Respondent is FINED TWO THOUSAND AND 00/100 DOLLARS ($2,000.00) to be paid by check, money order or cashier's check made payable to the State of

Michigan (with complaint number 53-13-130508 clearly indicated on the check or money order) within sixty (60) days from the effective date of this order. The timely payment of the fine shall be Respondent's responsibility. Respondent shall mail the fine to: Sanction Monitoring, Bureau of Health Care Services, Enforcement Division, Department of Licensing and Regulatory Affairs, P.O. Box 30189, Lansing, Michigan 48909.

Respondent shall be responsible for the timely compliance with the terms of this consent order. Failure to comply within the time limitations provided will constitute a violation of this order.

If Respondent violates any term or condition set forth in this order, Respondent will be in violation of Mich Admin Code, R 338.1632, and section 16221(h) of the Public Health Code.

This order shall be effective thirty days from the date signed by the Chairperson of the Disciplinary Subcommittee or the Disciplinary Subcommittee's authorized representative, as set forth below.

Signed on 6/10/15

MICHIGAN BOARD OF PHARMACY

By Pamela L Lynch
Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate as follows:

1. Respondent does not contest the allegations of fact and law in the complaint. Respondent understands that, by pleading no contest, they do not admit the truth of the allegations but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of the complaint and may enter an order treating the allegations as true.

2. Respondent understands and intends that, by signing this stipulation, they are waiving the right under the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.

3. The Disciplinary Subcommittee may enter the above Consent Order, supported by Board conferee Dhafer Almaklani, R.Ph. Mr. Almaklani or an attorney from the Licensing and Regulation Division may discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

4. Mr. Almaklani and the parties considered the following factors in reaching this agreement:

A. All of the adverse administrative actions named in the Complaint stem from the same underlying 2007 civil consent decree with the United States Government.

B. Respondent self-reported all of the adverse administrative actions named in the Complaint.

By signing this stipulation, the parties confirm that they have read, understand and agree with the terms of the consent order.

AGREED TO BY:

Jessica A. Taub (P77540)
Assistant Attorney General
Attorney for Complainant
Dated: 4/8/15

AGREED TO BY:

Scott Baach
General Counsel
Hospice Pharmacia, Respondent
Dated: 4-1-15

LF: 2014-0064593-B/Hospice Pharmacia d/b/a ExcelleRX-PA, 130508/Consent Order 2015-04-01

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
ENCLARA PHARMACIA, INC.	)	**BOARD OF PHARMACY**
	)	
Non-Resident Pharmacy	)	
Permit Numbers: 112736/201415	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Enclara Pharmacia, Inc. relating to engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first receiving your permit from the Board required by Code of Alabama (1975) § 34-23-30 in violation of Code of Alabama (1975) § 34-23-33(7).

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Enclara Pharmacia, Inc. through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. Enclara Pharmacia, Inc. is found guilty of violating the provisions of law based upon the conduct set out above.

2. Enclara Pharmacia, Inc. shall pay an administrative fine in the amount of Two Thousand Dollars ($2,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. Enclara Pharmacia, Inc. expressly waive its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama

Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a Statement of Charges and Notice of Hearing, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Enclara Pharmacia, Inc. 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, Enclara Pharmacia, Inc. 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. Enclara Pharmacia, Inc. acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Enclara Pharmacia, Inc.'s permit, including, but not limited to revocation.

6. Enclara Pharmacia, Inc. acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Enclara Pharmacia, Inc. acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 20th of OCT., 2015.

ENCLARA PHARMACIA, INC.

BY: Scott Baach

ITS: General Counsel

Scott Baach, attorney for Enclara Pharmacia, Inc.

ALABAMA STATE BOARD OF PHARMACY

By: Dan McConaghy, President

By: James S. Ward, Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

The University of the State of New York

IN THE MATTER

OF

ENCLARA PHARMACIA, INC.
d/b/a excelleRX

DUPLICATE ORIGINAL VOTE AND ORDER NO. 27983

Upon the application of ENCLARA PHARMACIA, INC. d/b/a excelleRX, under Calendar No. 27983, which application is made a part hereof, and in accordance with the provisions of Title VIII of the Education Law, it was

VOTED (June 14, 2016): That the application of ENCLARA PHARMACIA, INC. d/b/a excelleRX, respondent, for a consent order be granted; and that the Deputy Commissioner for the Professions be empowered to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the terms of this vote;

and it is

ORDERED: That, pursuant to the above vote of the Board of Regents, said vote and the provisions thereof are hereby adopted and **SO ORDERED**, and it is further

ORDERED that this order shall take effect as of the date of the personal service of this order upon the respondent or five days after mailing by certified mail.

ENCLARA PHARMACIA, INC. (27983)
d/b/a excelleRX

IN WITNESS WHEREOF, I, Douglas E. Lentivech, Deputy Commissioner for the Professions, for and on behalf of the State Education Department and the Board of Regents, do hereunto set my hand, at the City of Albany, this 14th day of June, 2016.

DOUGLAS E. LENTIVECH
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

VOTE AND ORDER

ENCLARA PHARMACIA, INC.
d/b/a excelleRX

CALENDAR NO. 27983

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

Enclara Pharmacia, Inc.
d.b.a. excelleRX

APPLICATION FOR CONSENT ORDER

CAL. NO. 27983

which is currently registered to operate a pharmacy (out of state) in the State of New York.
----------X

SCOTT BAACH states:

That I am Chief Administrative Officer and General Counsel of **Enclara Pharmacia, Inc.** owner of **excelleRx, Inc. d.b.a. excelleRx** hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about March 9, 2004, Respondent was registered to operate a pharmacy (out of state) in the State of New York having been issued registration number 026586 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate as a pharmacy (out of state) in the State of New York from a registered address at 2525 Horizon Lake Drive, Memphis, Tennessee 38133.

Respondent has been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A".

Enclara Pharmacia, Inc. d.b.a. excelleRx

Respondent does not contest the aforesaid one (1) specification of professional misconduct, charging it with committing unprofessional conduct (having been found guilty of improper professional practice by a duly authorized professional disciplinary agency of another state).

Respondent hereby agrees to the penalty that a Censure and Reprimand be imposed upon its registration to operate a pharmacy in the State of New York; and that it shall be fined five thousand dollars ($5,000). Respondent shall pay the five thousand dollars ($5,000) fine by certified or bank cashier's check, payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, New York State Education Department, 1411 Broadway -- Tenth Floor, New York, New York 10018, said fine to be paid within two (2) months of the effective date of the service of the Order herein.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Enclara Pharmacia, Inc. d.b.a. excelleRX

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

Scott Baach, CAO, GC

EXHIBIT "A"

Enclara Pharmacia, Inc.
d.b.a excelleRx

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with unprofessional conduct within the purview and meaning of New York State Education Law section 6509(5) (b), in that:

1. Respondent, through its agents and former ownership, entered into a Consent Order with the State of Tennessee Board of Pharmacy (The Board), on or about September 11, 2011;
2. Respondent, as part of the above Consent Order, acknowledged it previously entered into a Settlement Agreement (Agreement) with the United States, acting through the Department of Justice, Civil Division (the United States), on or about October 2, 2007, in which Respondent neither admitted nor denied violations of Title 21 U.S.C. section 842(a);
3. Respondent as part of above Consent Order did not contest that the Agreement between excelleRx and the United States of America would have constituted a violation of Tennessee Code Annotated section 63-10-305(4);

4. Respondent, through its agents and former ownership, as part of the Consent Order, admitted that while holding a valid Tennessee manufacturer/wholesaler/distributor license and operating a pharmaceutical distribution facility in Memphis, Tennessee Respondent dispensed Schedule II controlled substances to hospice patients prior to obtaining physicians' signatures or filing confirming documents authorizing those prescriptions and/or allegedly not meeting the emergency authorization procedure established in 21 CFR section 290.10;

5. The conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under New York Education law section 6509(9) and 8 NYCRR section 29.1(b)(1).

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

Enclara Pharmacia, Inc.
d.b.a. excelleRx

APPLICATION FOR CONSENT ORDER

CAL. NO. 27983

which is currently registered to operate a pharmacy (out of state) in the State of New York.

----------X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

Enclara Pharmacia, Inc. d.b.a. excelleRx

Dated: 12/15, 2015

Respondent

BY:

Scott Baach, CAO, GC

Dated: , 2015

Attorney for Respondent

Dated: 12/28, 2015

Member, State Board of Pharmacy

Dated: Jan. 25, 2016

Executive Secretary
State Board of Pharmacy

Dated: 3/17, 2016

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 4/5, 2016

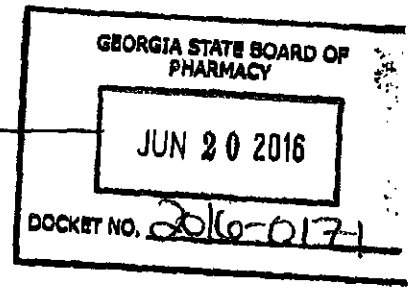
Member, Board of Regents

:wpb

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:	*	
	*	
EXCELLERX aka ENCLARA PHARMACIA*		
License No. PHBM000012	*	**DOCKET NO.**
	*	
Respondent.	*	
	*	



CONSENT ORDER

By agreement of the Georgia State Board of Pharmacy ("Board") and ExcelleRX aka Enclara Pharmacia, ("Respondent"), the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. T. 26, Ch. 4, and T. 43, Ch. 1.

FINDINGS OF FACT

1.

Respondent was licensed to operate as a PBM retail pharmacy in State of Georgia on or about November 20, 2014. Respondent's license expires June 30, 2017.

2.

Respondent's pharmacist in charge was not licensed in this state.

3.

Respondent waives any further findings of fact.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Chs. 3 and 4, T. 16, Ch. 13 and § 43-1-19, the Georgia State Board of Pharmacy may impose disciplinary sanctions on Respondent's license based on the conduct described above. Respondent waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ordered, and the Respondent hereby agrees, that the Respondent's license to operate as a pharmacy in Georgia shall be disciplined as follows:

1.

The Respondent shall submit to the Board an administrative fine in the amount of $2,500.00. Such fine shall be payable within six (6) months from the effective date of this Consent Order. Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy or other method approved by the Board and submitted to the Board, in care of the Executive Director, at 2 Peachtree Street, NW, 6th Floor, Atlanta, Georgia 30303. The Respondent's failure to pay such fine as provided herein shall subject Respondent's license to further disciplinary action, including revocation.

2.

This Consent Order shall constitute a public order of the Board and may be disseminated as such.

3.

Approval of this Consent Order by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Respondent's conduct, and shall not be construed as a waiver of any of the lawful rights possessed by the Board. **This Consent Order shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.**

4.

Respondent, ExcelleRx aka Enclara Pharmacia, acknowledges that its agents have read this Consent Order and understand its contents. Respondent understands that there is a right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent understands that this Consent Order will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Respondent further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order, once approved, shall constitute a public record evidencing disciplinary action of the Board. Respondent further understands that if this Consent Order 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. Respondent consents to the terms and conditions contained herein.

Approved, this 15th day of June, 2016.

GEORGIA STATE BOARD OF PHARMACY

BY: _____
BRUCE MICHAEL FAULK, R.Ph.
President

ATTEST: _____
TANJA D. BATTLE
Executive Director

CONSENTED TO:

JOHN LOXTERMAN **(Printed Name)**

(Signature)
Agent of Respondent
EXCELLERX aka ENCLARA PHARMACIA

AS TO SIGNATURE OF RESPONDENT'S AGENT
Sworn to and subscribed
before me this 18th day
of May, 2016.
Micah McGovern
NOTARY PUBLIC
My commission expires: Jan. 5, 2020

#878344

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
MICAH E. McGOVERN, Notary Public
City of Philadelphia, Phila. County
My Commission Expires January 5, 2020

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
ENCLARA PHARMACIA, INC	)	CONSENT AGREEMENT
	)	
Complaint No. 2016-PHA-12180	)	

PARTIES

This document is a Consent Agreement regarding Enclara Pharmacia, Inc.'s pending application for licensure as a Mail Order Pharmacy (License No. MO40001953). The parties to this Consent Agreement are: Enclara Pharmacia, Inc. ("Enclara"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Enclara operates multiple mail order pharmacies in various locations, which hold the following Maine licensees:

a. Maine License Number: MO 40001714 (former license number MO 4000705) physically located at 512 Elmwood Avenue, Sharon Hill, Pennsylvania.

b. Maine License Number: MO 40001715 physically located at 2525 Horizon Lake Drive, Suite 101, Memphis, Tennessee.

2. Enclara also operates a call center located at 1601 Cherry Street, Suite 1800, in Philadelphia, Pennsylvania, (pending Maine License Number MO 40001953) which provides services to its customers related to the prescription orders filled and dispensed by its various mail order pharmacies.

3. On August 21, 2014, Eagle Rx, Inc. acquired 100% of the stock of Enclara from Omnicare, Inc. Prior to the acquisition Omnicare had not licensed the call center as a pharmacy in Maine.

4. Following a post-acquisition compliance review, Enclara determined that its Philadelphia call center should be licensed as a mail order pharmacy in Maine.

5. On October 14, 2015, the Board received an application from Enclara to license its Philadelphia call center.

6. Enclara then continued to operate the call center without it being licensed.

7. During the period from August 21, 2014, to April 1, 2016, this call center provided support functions including, but not limited to, drug utilization review, claims submission, claims resolution and adjudication, data entry, refill authorizations, interventions, and other phone calls pertaining to a total of 18,278 prescription orders for drugs shipped to consumers located in the State of Maine.

8. At its meeting on April 7, 2016, the Board reviewed this matter and voted to preliminarily deny Enclara's application for licensure as a mail order pharmacy. In lieu of the denial, the Board also voted to offer Enclara this Consent Agreement.

9. Absent requesting, in writing, a hearing to appeal the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Comprehensive Health Planner I, Maine Board of Pharmacy, 35 State House Station, Augusta, ME 04333, by **June 26, 2016**, the preliminary denial of Enclara's application for licensure as a Mail Order Pharmacy will become final.

COVENANTS

In order to resolve this matter fully without further legal proceedings, it is agreed to among the parties as follows:

10. Enclara admits to the facts as stated above and admits that such conduct constitutes grounds for denial of or refusal to renew licensure and for the imposition of discipline as practicing pharmacy without a license in violation of 32 M.R.S. § 13731(1).

11. As discipline for the violations admitted to above, Enclara agrees to accept the following DISCIPLINARY ACTION:

    a) A REPRIMAND; and

b) The imposition of a CIVIL PENALTY in the amount of: fifteen hundred dollars ($1,500.00). Payment of this civil penalty shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Kelly McLaughlin, Comprehensive Health Planner I, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, at the time of acceptance of this Consent Agreement. Upon the Board's receipt of this Consent Agreement signed by Enclara, the Board will issue Enclara the subject mail order pharmacy license.

12. Violation of any of the terms or conditions of this Consent Agreement by Enclara shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

14. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

15. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

16. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

Enclara acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 6/16/16

ENCLARA PHARMACIA, INC.

By: _____
Authorized Representative

John R. Loxterman
Printed Name

Title: VP, Chief Compliance Officer

DATED: 6/23/2016

_____
JOSEPH BRUNO, R.Ph., PRESIDENT
Maine Board of Pharmacy

DATED: 6/28/2016

_____
ANDREW L. BLACK
Assistant Attorney General

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
ENCLARA PHARMACIA, INC.	)	**BOARD OF PHARMACY**
	)	
Non-Resident Pharmacy	)	**CASE NO: 16-L-0080**
Permit Numbers: 112094	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Enclara Pharmacia, Inc. which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Enclara Pharmacia, Inc. through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The board finds that Enclara Pharmacia, Inc. violated the provisions of law based upon the conduct set out in Counts One, Three, Four, Six and Seven of the Statement. Counts Two and Five shall be dismissed with prejudice.

2. Enclara Pharmacia, Inc. shall pay an administrative fine in the amount of Five Thousand Dollars ($5,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. Enclara Pharmacia, Inc. expressly waives its rights pursuant to the

Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Enclara Pharmacia, Inc. 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, Enclara Pharmacia, Inc. 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. Enclara Pharmacia, Inc. acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Enclara Pharmacia, Inc.'s permit, including, but not limited to revocation.

6. Enclara Pharmacia, Inc. acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Enclara Pharmacia, Inc. acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 22nd of November ,2016.

ENCLARA PHARMACIA, INC.

BY: John R Lorenzen

ITS: VP, Chief Compliance Officer

Spencer H. Larche, attorney for Enclara Pharmacia, Inc.

Roger N. Morris, attorney for Enclara Pharmacia, Inc.

DONE this the_____ of_____,2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm.D., President

By:_____
James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

DONE this the 28th of November ,2016.

ENCLARA PHARMACIA, INC.

BY: _____

ITS: _____

_____
Spencer H. Larche, attorney for Enclara Pharmacia, Inc.

_____
Roger N. Morris, attorney for Enclara Pharmacia, Inc.

DONE this the 14th of December ,2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm.D., President

By: _____
James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2017 JUN 16 P 12:40
HEARINGS OFFICE

RECEIVED
PROF & VOCATIONAL LICENSING DIVISION
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DEPT OF COMMERCE & CONSUMER AFFAIRS STATE OF HAWAII

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Attorneys for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of ENCLARA PHARMACIA, INC., formerly known as EXCELLERX, INC., Respondent.	PHA 2014-1-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "12"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent ENCLARA PHARMACIA, INC., formerly known as EXCELLERX, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 504. Permit number PMP 504 was issued on or about March 8, 2007 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 1057. Permit number PMP 1057 was issued on or about October 14, 2014 and will expire or forfeit on or about December 31, 2017.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

3. Respondent's mailing address for purposes of this action is 2525 Horizon Lake Drive, #101, Memphis, Tennessee 38133.

4. RICO received a request for investigation from the Board after Respondent reported disciplinary action by other states and the U.S. Department of Justice and the Drug Enforcement Administration.

5. Respondent provided a copy of a Settlement Agreement between ExcelleRx and the U.S. Department of Justice and the Drug Enforcement Administration entered on or about October 2, 2007 (hereinafter "the DEA Settlement Agreement") (Exhibit "1"). The DEA Settlement Agreement alleged Respondent dispensed approximately 7,000 Scheduled II Controlled Substances to hospice patients prior to obtaining a physician's signature. Pursuant to the terms of the DEA Settlement Agreement, ExcelleRx paid a fine of $540,000.00.

6. Respondent provided a copy of a Consent Order from the Tennessee Board of Pharmacy issued to Respondent in Case No. L08-PHR-RBS-2008000931 (hereinafter "the Tennessee Order") (Exhibit "2"). The Tennessee Order was based on the 2007 DEA Settlement Agreement. Pursuant to the terms of the Tennessee Order, Respondent's license was placed on probation for a period of five years. Probation ended on or about September 13, 2016.

7. Respondent provided a copy of a Consent Agreement from the Maine Board of Pharmacy issued to Respondent in Complaint No. 2012-PHA-8598 (hereinafter "the Maine Agreement") (Exhibit "3"). The Maine Order was based on allegations Respondent failed to report the 2007 DEA Settlement Agreement, reprimanded Respondent's license, and imposed a $2,000.00 civil penalty.

8. Respondent provided a copy of a Consent Order from the Michigan Board of Pharmacy issued to Respondent in Complaint No. 53-13-129620 (hereinafter "the Michigan Order") (Exhibit "4"). The Michigan Order, which was based on the DEA Settlement Agreement and various out of state disciplinary actions, imposed a $4,000.00 fine.

9. Respondent provided a copy of a Settlement Agreement between Respondent and the Missouri Board of Pharmacy entered on or about February 10, 2015 (hereinafter "the Missouri Agreement") (Exhibit "5"). The Missouri Agreement was based on the Tennessee Order and placed Respondent's license on probation. Probation ended on or about September 13, 2016.

10. Respondent provided a copy of a Final Order from the Iowa Board of Pharmacy issued to Respondent in Case No. 2012-184 (hereinafter "the Iowa Order") (Exhibit "6"). The Iowa Order was based on the 2007 DEA Settlement Agreement, reproved Respondent's license, and imposed a $5,000.00 fine.

11. Respondent provided a copy of an Order from the California Board of Pharmacy issued to Respondent in Case No. 4940 (hereinafter "the California Order") (Exhibit "7"). The California Order was based on the 2007 DEA Settlement Agreement, reproved Respondent's

license, and imposed $467.00 in costs.

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14. Respondent provided a copy of a Notice of Apparent Liability from the New Hampshire Board of Pharmacy issued to Respondent on or about January 22, 2013 (hereinafter "the New Hampshire Order") (Exhibit "10"). The New Hampshire Order was based on the Tennessee Order and imposed a $5,000.00 fine.

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16. Respondent provided a copy of a Consent Agreement with the Maine Board of Pharmacy issued to Respondent in Complaint No. 2016-PHA-12180 (hereinafter "the Maine Agreement") (Exhibit "12"). The Maine Agreement alleged Respondent engaged in the sale of drugs prior to receiving a permit, reprimanded Respondent's license, and imposed a $1,500.00 fine.

17. RICO alleges that disciplinary action was taken against Respondent in other states.

18. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

19. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of Respondent's permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents the exhibits referenced in this Settlement Agreement are true and correct copies of the disciplinary actions issued against Respondent. Respondent further represents probation in Tennessee ended on September 13, 2016, probation in Missouri ended on September 13, 2016, and that it is in compliance with the other out of state actions referenced in this Settlement Agreement.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits and states it is in compliance with the disciplinary actions referenced herein.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2014-1-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made

by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning

the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Philadelphia (City), PA (State), 5/24/17 (Date).

ENCLARA PHARMACIA, INC., fka EXCELLERX, INC.
Respondent

By: _____ (Signature)

John R. Loxterman (Print Name)

Its VP, Chief Compliance Officer

DATED: Honolulu, Hawaii, MAY 30 2017.

_____

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF ENCLARA PHARMACIA, INC., FORMERLY KNOWN AS EXCELLERX, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "12"; RICO CASE NO. PHA 2014-1-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

6/15/17
DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

RONALD WEINBERG

JULIE YURIE TAKISHIMA-LACASA

PVL 05/26/16

STATE OF PA)
) SS.
COUNTY OF Philadelphia)

On this 24th day of May, 2017, before me personally appeared John Loxterman, to me known to be the person described, and who executed the foregoing instrument on behalf of ENCLARA PHARMACIA, INC., formerly known as EXCELLERX, INC. as its Chief Compliance Officer, and acknowledged that he/she executed the same as his/her free act and deed.

This 8 -page SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER document dated May 24, 2017, 2017 was acknowledged before me by
[Date Document Signed by Respondent]
John Loxterman this 24th day of May, 2017,
[Name of Person Signing Document]
in the City of Philadelphia, in the County of Philadelphia, in the State of PA.

Name: Micah McGovern
Notary Public, State of PA

My Commission expires: Jan. 5, 2020

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
MICAH E. McGOVERN, Notary Public
City of Philadelphia, Phila. County
My Commission Expires January 5, 2020

PROTHONOTARY
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Department of State

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania **Bureau of Professional and** **Occupational Affairs**	**File No.:** **17-54-01094**
vs.	
Enclara Pharmacia, Inc., **Respondent**	**Docket No:** **0982-54-17**

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and **Enclara Pharmacia, Inc.** ("Respondent") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Pharmacy ("Board") pursuant to the Pharmacy Act, Act of September 27, 1961, P.L. 1700, ("Act"), *as amended,* 63 P.S. §§ 390-1 to 390-13; and/or the Act of July 2, 1993, P.L. 345, No. 48 ("ACT 48"), *as amended,* 63 P.S. §§ 2201-2207.

LICENSURE STATUS

2. At all relevant and material times, Respondent held the following permit to practice as a pharmacy in the Commonwealth of Pennsylvania: permit no. PP481458, which was originally issued on June 15, 2005, and which is currently set to expire on August 31, 2017.

STIPULATED FACTS

3. The Respondent admits that the following allegations are true:

a. Absent additional Board action, Respondent's permit may be continually reactivated, renewed, or reinstated upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last known office address, as on file with the Board is: 1601 Cherry Street Suite 1800, Philadelphia, PA 19102.

c. At all relevant and material times, Respondent was authorized to practice as a Mail Order Pharmacy in the State of Maine, license number MO40001953.

d. On or about June 23, 2016, the Maine State Board of Pharmacy ("Maine Board") approved a Consent Agreement In Re: Enclara Pharmacia, Inc. at Complaint No. 2016-PHA-12180.

e. A true and correct copy of the Maine Board's Consent Agreement is attached as **Exhibit 1** and is incorporated by reference.

f. Pursuant to the Maine Board's Consent Agreement, Respondent was issued a reprimand and assessed a civil penalty in the amount of $1,500.00.

ALLEGED VIOLATIONS

4. The Commonwealth alleges that the Board is authorized to suspend or revoke, or otherwise restrict Respondent's license under Sections 5(a) & (8) of the Act, 63 P.S. §§ 390-5(a) & 390-8; or impose a civil penalty under Sections 5(a) & (8) of the Act, 63 P.S. §§ 390-5(a) & 390-8, and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4) and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated Section 5(b)(7) of the Act, 63 P.S. §390-5(b)(7), in that Respondent's nonresident pharmacy license issued by the proper licensing authority of another state was disciplined.

PROPOSED ORDER

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. The Board finds that it is authorized to suspend or revoke, or otherwise restrict Respondent's license under Sections 5(a) & (8) of the Act, 63 P.S. §§ 390-5(a) & 390-8; or impose a civil penalty under Sections 5(a) & (8) of the Act, 63 P.S. §§ 390-5(a) & 390-8, and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4) and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated Section 5(b)(7) of the Act, 63 P.S. §390-5(b)(7), in that Respondent's nonresident pharmacy license issued by the proper licensing authority of another state was disciplined.

b. Respondent understands that the Board is empowered to impose discipline upon licensees disciplined by another state licensing authority, and is not limited by the terms and conditions of the reciprocal discipline in imposing its own level of disciplinary sanction. However, the Bureau of Professional and Occupational Affairs had historically proposed, and the Board has historically accepted, voluntary Consent Agreements which impose the same level of discipline as that imposed in the reciprocal state.

REPRIMAND

c. A **REPRIMAND** shall be placed on Respondent's record with the Board.

CIVIL PENALTY

d. A **CIVIL PENALTY** of one thousand five hundred dollars ($1,500.00) is levied upon Respondent. Respondent shall tender the full sum of

one thousand five hundred dollars ($1,500.00) with this executed Consent Agreement and shall be paid by certified check, cashier's check, attorney's check, or money order issued by a usual, customary, and reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.). Payment shall be made payable to the "Commonwealth of Pennsylvania," and shall be valid for a period of at least one hundred eighty (180) days. Respondent agrees that payment shall only be made by one of the methods indicated above and shall not be made by uncertified personal or corporate check.

e. This Order constitutes disciplinary action by the Board and shall be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board.

f. This case shall be deemed settled and discontinued upon the Board issuing an Order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

6. Respondent agrees that if Respondent is charged with a violation of an Act enforced by this Board in the future, this Consent Agreement and Order shall be admitted into evidence without objection in that proceeding.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

7. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and knowingly and voluntarily waives the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and

to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

8. Respondent acknowledges that it has the right to consult with, and/or be represented by private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement. Respondent had an opportunity to consult with Attorney John R. Loxterman, regarding this Consent Agreement.

WAIVER OF CLAIM OF COMMINGLING AND OTHER CONSTITUTIONAL CLAIMS

9. Respondent expressly waives any constitutional rights and issues, such as commingling of prosecutorial and adjudicative functions by the Board or its counsel, which may arise or have arisen during the negotiation, preparation and/or presentation of this Consent Agreement. Respondent specifically agrees that if the Board rejects this agreement, it may assume that the facts and averments as alleged in this Consent Agreement are true and correct for the limited purpose of recommending a sanction, based on those assumed facts, that would be acceptable to the Board before hearing the case. In the event that the Board does assume the facts and averments as alleged in this Consent Agreement are true for purposes of making a recommendation as to an acceptable sanction, such action shall not constitute commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Respondent expressly waives any constitutional rights and issues related to alleged commingling, bias, or violation of due process rights to have an unbiased and impartial adjudicator in any subsequent hearing. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at hearing unless otherwise separately

stipulated. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

NO MODIFICATION OF ORDER

10. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

AGREEMENT NOT BINDING ON OTHER PARTIES

11. The Office of General Counsel has approved this Consent Agreement as to form and legality; however, this Consent Agreement shall have no legal effect unless and until the Board issues an Order approving and adopting this Consent Agreement.

EFFECT OF BOARD'S REJECTION OF CONSENT AGREEMENT

12. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

AGREEMENT DOES NOT PREVENT ADDITIONAL DISCIPLINE BASED ON OTHER COMPLAINTS

13. Nothing in this Order shall preclude the Prosecution Division for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Consent Agreement;

ENTIRE AGREEMENT

14. This agreement contains the whole agreement between the participants; provided however, that the captions printed in the various provisions of this agreement are for ease of reading only and are not to be interpreted as forming any part of this agreement. There are no

other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

VERIFICATION OF FACTS AND STATEMENTS

15. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Keith E. Bashore, Esq.
Prosecuting Attorney

DATED: 9/12/17

John R. Loxterman, Esq..
Attorney for Respondent

DATED: 8/30/17

DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2017 JUN 16 P 12:40
HEARINGS OFFICE

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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

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4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of Respondent's permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents the exhibits referenced in this Settlement Agreement are true and correct copies of the disciplinary actions issued against Respondent. Respondent further represents probation in Tennessee ended on September 13, 2016, probation in Missouri ended on September 13, 2016, and that it is in compliance with the other out of state actions referenced in this Settlement Agreement.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

7. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits and states it is in compliance with the disciplinary actions referenced herein.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2014-1-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS ($5,000.00). Payment shall be made

by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning

the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Philadelphia (City), PA (State), 5/24/17 (Date).

ENCLARA PHARMACIA, INC., fka EXCELLERX, INC.
Respondent

By: _____ (Signature)

John R. Loxterman (Print Name)

Its VP, Chief Compliance Officer

DATED: Honolulu, Hawaii, MAY 30 2017.

_____

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF ENCLARA PHARMACIA, INC., FORMERLY KNOWN AS EXCELLERX, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "12"; RICO CASE NO. PHA 2014-1-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

DATE 6/15/17

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

RONALD WEINBERG

JULIE YURIE TAKISHIMA-LACASA

PVL 05/26/16

STATE OF PA)
) SS.
COUNTY OF Philadelphia)

On this 24th day of May, 2017, before me personally appeared John Loxterman, to me known to be the person described, and who executed the foregoing instrument on behalf of ENCLARA PHARMACIA, INC., formerly known as EXCELLERX, INC. as its Chief Compliance Officer, and acknowledged that he/she executed the same as his/her free act and deed.

This 8 -page SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER document dated May 24, 2017, 2017 was acknowledged before me by
[Date Document Signed by Respondent]
John Loxterman this 24th day of May, 2017,
[Name of Person Signing Document]
in the City of Philadelphia in the County of Philadelphia, in the State of PA.

Name: Micah McGovern
Notary Public, State of PA

My Commission expires: Jan. 5, 2020

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
MICAH E. McGOVERN, Notary Public
City of Philadelphia, Phila. County
My Commission Expires January 5, 2020

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ENCLARA PHARMACIA, INC.
License No. 53-01-010786,
Respondent.

File No. 53-16-143492
CONSENT ORDER AND STIPULATION

CONSENT ORDER

On March 27, 2017, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq.*

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of MCL 333.17768(2)(d)[1]. The Disciplinary Subcommittee of the Michigan Board of Pharmacy has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of MCL 333.17768(2)(d).

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code, Respondent is FINED $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

[1] The Administrative Complaint erroneously referenced Count I as section 16221(b)(x).

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display the file number **53-16-143492.**

IT IS FURTHER ORDERED that if Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically suspended for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent's license remains suspended for more than six months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections MCL 333.16245 and 333.16247.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

Dated: 12-13-17

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of MCL 333.17768(2)(d).

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Patricia Kelm, R.Ph., a member of the Board of Pharmacy who supports this proposal, and the Department's representative are free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

Kim Gaedeke, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: 10/27/17

AGREED TO BY:

John Loxterman
Enclara Pharmacia, Inc.
Respondent

Dated: 10/24/17

wh

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ENCLARA PHARMACIA, INC.
License No. 53-01-010795,
Respondent.

File No. 53-16-143646
CONSENT ORDER AND STIPULATION

CONSENT ORDER

On April 19, 2017, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq.*

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of MCL 333.17768(2)(d). The Disciplinary Subcommittee of the Michigan Board of Pharmacy has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of MCL 333.17768(2)(d).

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code, Respondent is FINED $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display the file number **53-16-143646.**

IT IS FURTHER ORDERED that if Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically suspended for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent's license remains suspended for more than six months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections MCL 333.16245 and 333.16247.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

Dated: 12-13-17

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of MCL 333.17768(2)(d).

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Patricia Keim, R.Ph., a member of the Board of Pharmacy who supports this proposal, and the Department's representative are free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

Kim Gaedeke, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: 10/27/17

AGREED TO BY:

John Loxterman
Enclara Pharmacia, Inc.
Respondent

Dated: 10/24/17

wh

11B

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: 21042

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

Osama Kasseb
Print Name of Authorized Person

03/19/2021
Date

Board Use Only Date Processed:_____ Amount: 500
Check # 1660034960

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Sphinx Pharmacy Group Webster Inc. DBA Pyramids Infusion Center

Mailing Address: 2656 South Loop West, Ste. 255

City: Houston State: TX Zip: 77054

Telephone: 713.360.6854 Fax: 713.513.5358

Contact 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, [redacted] Crescent Cove Dr., Pearland, TX 77584
Name Address

b) Rasha Elmahdy, [redacted] Ivory Creek Dr., Pearlnd, TX 77584
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? No Par Value

4) 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.

Type text here
Name

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

Veronica Ogun
NOTARY PUBLIC

VERONICA OGUN
Notary Public, State of Texas
Comm. Expires 03-07-2023
Notary ID 130471069

List of Officers & Directors

Name	Title or Office Held
Osama Kasseb	COO
Rasha ElMahdy	Owner

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for 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.

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:

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

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Phcy. Lic. # 29199

Expiration Date: 04/30/20

NOTICE OF INSPECTION
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, Texas 78701-3942
(512) 305-8000

✓ **Compliance**

___ **Investigation**

Name of Individual	Title	R.Ph. Lic. #	Expires
Latosha Allen	PIC	60260	05/31/21

Name of Facility	Class of Pharmacy License
Pyramids Infusion Center	AS

Address	
500 N. Kobayashi Rd Ste D	

City/State	Zip	Phone #
Webster, TX	77598	832 932-5836

DEA Registration #	Expiration Date
FP4517655	03/31/20

Date	Time of Entry
11/05/19	12:10pm

PURPOSE OF INSPECTION

✓ Routine
___ Pre-Inspection
___ Rank Change
___ New Pharmacy
___ Change of Ownership
___ Reverse Rank Change
___ Complaint
___ Follow-up to Complaint
___ Licensee Request
___ Follow-up to Warning Notice
___ Follow-up to Theft/Loss Report
✓ Sterile Compounding (Low ~~High~~ Risk)
___ Follow-up to Disciplinary Order
✓ Other ___

ACKNOWLEDGEMENT

This is to acknowledge that Texas State Board of Pharmacy Agent Kenya D. Herm has presented official credentials and this Notice of Inspection citing Sections 551.001, 556.001, 556.054-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I am the PIC for the above-described facility;
2. I have read this Notice of Inspection and understand its contents and purpose;
3. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
4. I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
5. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Latosha Allen
Signature

Witnesses:

Kenya Herm
Signature

___
Signature

TEXAS STATE BOARD OF PHARMACY

Pharmacist-in-Charge Attestation:

I hereby attest the following statements are true and accurate (*initial each statement below*):

LA I am the Pharmacist-in-Charge (PIC) of Pyramids Infusion Center, pharmacy license
(Name of Pharmacy)
number 29199 and I ☑ was / ☐ was not present during a Compliance
(Pharmacy License Number)
Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on
11/05/19;
(Date of Inspection)

LA I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector;

LA I reviewed the document titled *Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF* (on the reverse side of this attestation);

LA If applicable, the Warning Notice issued contains 1 deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice;

LA I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St., Suite 3-500
Austin, Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: LA *(Signature of PIC)* **Date:** 11/5/19

Printed Name: LATOSHA ALLEN **License No.:** 60200

TEXAS PHARMACY ACT
(Occupations Code, Subtitle J)

CHAPTER 554. BOARD POWERS AND DUTIES; RULEMAKING AUTHORITY
SUBCHAPTER A. POWERS AND DUTIES

Sec. 554.001. General Powers and Duties of Board.

XXX

(c) The board may:

XXX

(2) inspect a facility licensed under this subtitle for compliance with this subtitle.

XXX

CHAPTER 556. ADMINISTRATIVE INSPECTIONS AND WARRANTS
SUBCHAPTER A. GENERAL PROVISIONS

Sec. 556.001. Definition. In this chapter, "facility" means a place:

(1) for which an application has been made for a pharmacy license under this subtitle;
(2) at which a pharmacy licensed under this subtitle is located;
(3) at which a pharmacy is being operated in violation of this subtitle; or
(4) where the practice of pharmacy occurs.

SUBCHAPTER B. INSPECTIONS

Sec. 556.051. Authorization To Enter and Inspect. The board or a representative of the board may enter and inspect a facility relative to the following:

(1) drug storage and security;
(2) equipment;
(3) components used in compounding, finished and unfinished products, containers, and labeling of any item;
(4) sanitary conditions; or,
(5) records, reports, or other documents required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws.

Sec. 556.052. Requirements Before Entry and Inspection.

(a) Before an entry and inspection of the facility, the person authorized to represent the board must:
(1) state the purpose for the inspection; and
(2) present to the owner, pharmacist, or agent in charge of the facility:
(A) appropriate credentials; and
(B) written notice of the authority for the inspection.

(b) If an inspection is required by or is supported by an administrative inspection warrant, the warrant is the notice for purposes of Subsection (a)(2)(B).

Sec. 556.053. Extent of Inspection. Except as otherwise provided in an inspection warrant, the person authorized to represent the board may:

(1) inspect and copy documents, including records or reports, required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws;
(2) inspect, within reasonable limits and in a reasonable manner, a facility's storage, equipment, security, prescription drugs or devices, components used in compounding, finished and unfinished products, or records; or
(3) perform an inventory of any stock of prescription drugs or devices, components used in compounding, or finished and unfinished products in a facility and obtain samples of those substances.

Sec. 556.054. Limitation on Inspection. Unless the owner, pharmacist, or agent in charge of a facility consents in writing, an inspection of the facility authorized by this chapter may not extend to:

(1) financial data;
(2) sales data, other than shipment data; or
(3) pricing data.

XXX

SUBCHAPTER C. WARRANTS

Sec. 556.101. Warrant Not Required. A warrant is not required under this chapter to:

(1) inspect books or records under an administrative subpoena issued under this subtitle; or
(2) enter a facility or conduct an administrative inspection of a facility if:
(A) the owner, pharmacist, or agent in charge of the facility consents to the inspection;
(B) the situation presents imminent danger to the public health and safety;
(C) the situation involves inspection of a conveyance, if there is reasonable cause to believe that the mobility of the conveyance makes it impracticable to obtain a warrant; or
(D) any other exceptional situation or emergency exists involving an act of God or natural disaster in which time or opportunity to apply for a warrant is lacking.

XXX

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy.
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber for opiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on *Texas Pharmacy Rules and Laws*). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

Texas State Board of Pharmacy

333 Guadalupe Street, Suite 3-500
Austin, Texas 78701
(512) 305-8000

WARNING NOTICE OF VIOLATION(S) REQUIRING CORRECTION

Name of Pharmacy	
Pyramids Infusion Center	
Pharmacy License Number	**Date of Inspection**
29199	11/05/19

Notice is hereby given that you are not in compliance with the following laws and rules governing the practice of pharmacy. Unless the conditions noted below are corrected, disciplinary action may be instituted against the pharmacy license and the license of the pharmacist-in-charge.

I hereby acknowledge that the laws and/or rules cited in the Warning Notice below have been explained to me by the Board of Pharmacy Officer/Inspector.

Signed: [signature] **Date:** 11/05/19

1. ***Law/Rule:*** _____ ***Code:*** 170

Explanation of Violation and Correction Needed:
Failure of pharmacy to have waterless alcohol-based surgical hand scrub. Ensure to have available in the buffer room in order to perform antiseptic hand cleansing procedures.

Due Date for Completed Correction: December 5, 2019

2. ***Law/Rule:*** _____ ***Code:*** _____

Explanation of Violation and Correction Needed:

Due Date for Completed Correction: _____

Texas State Board of Pharmacy

Inspection Report for Pharmacies Compounding Sterile Preparations

Circle One: (Class A-S) Class B Class C-S

Name of Pharmacy Pyramid 5 Infusion Center TSBP License # 29199

Deficiency key: Circled items need improvement (N/I); Refer to Legal Division (R/L) for review and possible discipline; and Warning Notices (W/N) which require a written response with an explanation of correction(s). For an explanation of specific violations noted, refer to remarks section of inspection report. Note: "M" = Multiple Codes

R/L	Code	W/N	
			Environment
	M		Is cleanroom clean/free of objects that shed particles? (109) Contains only appropriate supplies? (119) Used only for sterile preps? (110)
	M		Does ante-area provide at least ISO Class 8 under dynamic conditions? (101) Contain a hands-free sink with hot/cold running water? (115)
	M		Does buffer area provide at least ISO Class 7 under dynamic conditions? (102) Area free from sources of water (e.g., sink/floor drains)? (106)
	108		Is there hands-free access to the buffer area?
	113		Are floors, walls, ceilings & fixtures smooth/impervious and free from cracks & crevices? Does floor covering enable regular disinfection (112)?
	118		Are supplies stored above the floor to permit adequate floor cleaning?
	127		Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area/room and ante-area/room and between the ante-area/room and the general environment? Pressure between ISO 7 & general environment shall not be less than 0.02" water column.
	M		Are temperature and humidity monitored (documented) and within required range? (116) Thermometer available for cleanroom and refrigerator? (167)
			Primary Engineering Control (PEC) Device - i.e. Laminar Air Flow Hood (BSC), CAI, or CACI
	126		Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02-0.05" water?
	121		Is the PEC able to maintain at least ISO Class 5 conditions, while compounding sterile preparations?
	M		Are hazardous drugs prepared in a Class II or III vertical flow BSC or CACI located in an ISO 7 area physically separated from other areas? (246) Does the BSC or CACI have not less than 0.01" negative pressure adjacent to the positive pressure ISO 7 environment? (247)
	M		Does the CAI provide unidirectional flow? (105) If the CAI or CACI is used for high risk compounded sterile preparations, then is the CAI/CACI placed in an ISO 8 environment? (104)
	122		If the CAI is not required to be placed in an ISO 7 environment, does the pharmacy maintain documentation from the manufacturer?
	M		PEC certified by independent contractor every 6 months & when relocated? (124) Are prefilters inspected periodically & replaced as needed? (125)
	128		Are differential pressures monitored and documented at least every work shift (minimum daily) or by a continuous recording device?
			Equipment and Supplies
	M		Does the pharmacy have disposable needles, syringes, and other required or applicable supplies? (174) Does the pharmacy have lint-free towels or wipes? (177) Does the pharmacy have masks, caps, gowns with tight cuffs, shoe covers, and beard covers? (180)
	M		Does pharmacy have handwashing agents w/ bactericidal action? (176) Disinfectant cleaning solutions and dedicated cleaning supplies? (175)
	M		Does the pharmacy have hazardous spill kits, if applicable (179)? Appropriate disposal containers for needles and syringes? (171)
	170	✓	Does the pharmacy have sterile IPA, sterile gloves, and waterless alcohol-based surgical hand scrub?
	178		Does the pharmacy have appropriate filters and filtration equipment?
	181		If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy on a daily basis-is it documented?
	172		Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?
			High-Risk Sterile Preparations (CSPs)
	103		If high-risk CSPs are compounded, does buffer area provide physical separation from other compounding areas?
	M		Is sterility testing performed under the following conditions: CSPs prepared in groups > 25? (231); MDV prepared for multiple pts or when exposed > 12 hrs at 2-8°C before sterilized? (232); Exposed > 6 hrs at warmer than 8° C before sterilized? (233)
	237		Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with sterile, pyrogen free water, and then thoroughly drained or dried immediately before use for high-risk compounding?
	238		Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2 micron filter to remove particulate matter? Sterilization by filtration shall be performed with a sterile 0.2 micrometer or 0.22 micrometer pore size filter within an ISO Class 5 environment or better.
	165		Are filter integrity tests being performed and documented (e.g., bubble point)?
	239		Are pre-sterilization procedures (weighing & mixing) completed in an ISO Class 8 environment or better?
			Library
	M		Does the pharmacy have: Reference on injectable drugs (154), Specialty Reference (155), Applicable USP Chapters (156)?

R/L Code W/N

			Hazardous Sterile Preparations
	M		Do personnel wear protective apparel (242); use safety/containment techniques (243); dispose of waste appropriately (244); affix proper label (245)?
	248		If using a BSC or CACI, does pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?
	249		Does pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two tiers of containment?
	250		Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?
			Personnel Cleansing, Garbing and Hand Hygiene
	202		Does hand sanitizing and gowning occur in the ante-area (outside the buffer area)? Do compounding personnel don clean non shedding gowns with sleeves that fit nugly around wrist and enclosed at the neck. Is the order of garbing appropriate? (180)
	M		Do personnel remove: cosmetics (194); hand, wrist, and body jewelry or piercings (195); artificial nails? Are natural nails kept neat and trim? (196) Do personnel remove debris underneath fingernails using nail cleaner under warm water? (200)
	192		Are personnel with apparent illness or open lesions compounding sterile preparations?
	241		When personnel temporarily exit the ISO 7 environment, are re-donning procedures properly followed?
	M		Do personnel engage in proper hand hygiene? (201) Do personnel dry hands and forearms using lint-free disposable towels or hand-dryer? (203)
	204		Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside buffer area & prior to donning sterile gloves?
	206		Is sterile IPA applied to gloves throughout the day & when non-sterile surfaces are touched?
			Cleaning and Disinfection Procedures
	182		Does pharmacy have written procedures regarding cleaning & disinfecting (e.g., beginning of shift; every 30 minutes; before each batch; & spills)?
	230		Is cleaning performed by trained personnel using approved agents (described in written SOPs)?
	228		Are supplies and equipment that are removed from shipping cartons wiped with a disinfecting agent - such as sterile 70% IPA?
	M		Are all areas properly cleaned? Daily (floors, DCA)? (226) Weekly, Monthly (walls, ceilings, shelving)? (227) Does pharmacy maintain documentation of cleaning procedures [i.e., date/time of cleaning, type of cleaning, and name(s) of person(s) carrying out the cleaning]? (229)
			Environmental Sampling
	271		Is surface sampling conducted in all ISO classified areas on a periodic basis? Are these results evaluated and addressed? (270) i.e. Action Levels followed?
	M		Is viable air sampling performed? (272) And documented by properly trained individuals for all risk levels every 6 months? (279)
			Records of Compounded Sterile Preparations
	252		Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?
	M		Do records include: date (253); formula (254); who prepared (255); who checked (256); quantity (257); container used and number of units prepared (258); criteria for BUD (259); and documention of performance of quality control procedures? (260) Other?
	M		Are batch compounding records complete? (261) Are master worksheets developed and approved by RPh (262)?
			General Operational Requirements
	166		Is RPh available at all times (24/7)?
	M		Are written SOPs followed to ensure accountability, accuracy, quality, safety, and uniformity? (187) Does pharmacy have all required written procedures (e.g., pharmaceutical care services, viable air sampling plan, and recalls)? Does pharmacy follow recall procedures? (188)
	158		If pharmacy compounds commercially available products, does pharmacy meet requirements for such compounding?
	275		Does pharmacy dispense prescriptions to patients in other states without proper licensure in those states?
			Office Use Compounding/Distribution
	163		Does pharmacy have written agreement with prescriber? Does written agreement meet all requirements?
	162		If pharmacy is distributing compounded sterile preparations to another pharmacy, does pharmacy meet requirements for such distribution?
			Quality Control and Verification of Compounding Accuracy
	207		Does a RPh review all compounding records for accuracy and perform final check? Are periodic in-process checks defined in written procedures? (185)
	191		Are all drug components manufactured in an FDA-registered facility? Are Certificates of Analysis available, if applicable?
			Label
	M		Is CSP properly labeled to include: generic name (209); compounded by pharmacy (210); BUD (211)? If prepared in batch, do labels contain: unique lot# (213); quantity (214); cautionary statements (215); and device-specific instructions, if applicable (216)?
	220		Are CSPs assigned a beyond-use-date that is based upon the specified labeling for the drug, appropriate literature sources, and/or direct testing?
			Training and Competency Testing
	129		Has each pharmacist completed the required education and training prior to engaging in sterile compounding?
	130		Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?
	142		Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation and testing (e.g., media fill testing, gloved fingertip/thumb testing)? Does pharmacy have an on-the-job training program?
	144		Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel?

Advised to:

Remarks

(34) Notify TSBP of employment information immediately.

(18) Ensure to have all C/S invoices readily available for review. All pharmacy records must be kept on site for 2 years

* Pharmacy has an active DEA registration and minimal C/S on site. Pharmacy has not dispensed any C/S since 11/06/18 when new PIC signed on.

Action Taken

(1) ✓ Inspection
(2) ___ Pre-Inspection
(3) ___ Partial Inspection
(4) ___ Visit
(5) ___ Other _____

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Agent of the Texas State Board of Pharmacy

Authorized Individual for the Pharmacy

11/05/19
Date

Time of Exit

LaTosha Allen
Printed Name and Title of Authorized Individual

TEXAS STATE BOARD OF PHARMACY INSPECTION REPORT

CLASS: A (A-S) B C C-S (BEDS ___) D Other ___

Name of Pharmacy Pyramids Infusion Center
Pharmacist in Charge Latosha Allen
Personnel

TSBP License # 29199
Lic 602160 **Exp** 05/31/21
Lic ___ **Exp** ___
Lic ___ **Exp** ___
Lic ___ **Exp** ___

KEY: Circled items need improvement, √ items in Column One Refer to Legal Division (R/L) for review and possible discipline. √ items in Column Two receive a Warning Notice (W/N). For an explanation of specific violations noted, refer to remarks section of inspection report.

R/L		W/N	
	1		Licenses not posted
	2		Insufficient Equipment
	3		Orderly/Clean
	4		Balance Failed
	5		Equipment Inspection Ø balances
	6		Inadequate Library
	7		Improper security
	8		Environment
	9		Delinquent licenses/certifications
	36		No notification of substitution
	90		No complaint notification
	38		Area for non sterile compounding
	43		Records for non sterile compounding
	47		Out of date/mislabeled drug stock
	48		Improper drug storage
	53		Illegal possession of C/S
	57		Corresponding Responsibility
	59		Improper drug destruction
	61		Improper supervision of supportive personnel
	62		Aiding and abetting
	65		Improper registration procedures
	66		Grey Market diversion/ Samples
	76		No PIC
	(34)		Notification Violation
	79		Nametags
	60		Improper documentation of training
	92		Improper automated dispensing procedures

R/L		W/N	
			Date of last inventory 05/01/19 COB
	15		No PIC inventory 11/01/18
	69		No annual inventory
	68		No change of ownership inventory
	31		Closed Phcy/Change of owner improper
	17		Incomplete inventory
	(18)		Records not available
	46		Improper distribution
	54		Improper prepackaging procedures
	24		Theft/Loss not reported more
	30		Invoices not dated/initialed
	86		Absence of RPh pick up records
	19		Rx lacks proper information
	25		No documentation of refill authorization
	32		Rx label is incorrect
	40		Non emergency C-II Rx
	26		C II Rx noncompliance
	37		Illegal dispensing
	45		Improper dispensing/ labeling
	44		Refill CIII-V over 5x/6mo
	55		Refill prn past one year
	78		Counseling area
	80		No counseling by RPh
	56		Improper transfer of Rx
	50		Out of state verbal Rx for C/S
	49		Substitution noncompliance
	33		Rx records not in numerical order

R/L		W/N	
	10		Rxs not separated
	35		Invoices not separated
	67		No written information
	21		Computer records incomplete
	22		Computer system noncompliance
	82		PMR Incomplete
	83		PMR Absent
	84		No drug regimen review
	16		No perpetual inventory
	27		Improper inpatient records
	51		Improper ER dispensing
	75		Improper absence of RPh procedures
	70		No P&P manual
	71		Incomplete P&P manual
	72		Improper procedures for IV preparation
	81		Area for preparation of sterile products
	85		Patient Care Guidelines Incomplete
	87		Quality Control/Assurance
	88		Cytotoxic/Biohazardous Procedures
	89		Refrigerator Temperature Log
	28		No provision log
	29		Incomplete provision log
	52		Improper provision/ dispensing in Class D
	63		Prohibited drugs in Class D pharmacy
	64		Violation of limited formulary
	91		RPh visits/contact documentation
	73		Formulary not complete

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP4517655	03-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	03-03-2020

PYRAMIDS INFUSION CENTER
500 N KOBAYASHI STE D
WEBSTER, TX 77598-4722

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP4517655	03-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	03-03-2020

PYRAMIDS INFUSION CENTER
500 N KOBAYASHI STE D
WEBSTER, TX 77598-4722

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Form DEA-223 (8/2016)

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Rawad Nasr

Date: 08/25/2021
Amount:
License #: 21042

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/25/2022

Rawad Nasr

License #
21042
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21042

Expires: 02/25/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Rawad Nasr

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

11C

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*** PH02682

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: Revival Animal Health

Physical Address: 1700 Albany Place SE, Orange City, IA 51041-9680

Mailing Address: PO Box 200

City: Orange City State: IA Zip Code: 51041

Telephone: 712-737-5555 x 134 Fax: 877-335-2680

Toll Free Number: 800-786-4751 (Required per NAC 639.708)

E-mail: rx@revivalanimal.com Website: www.revivalanimal.com

Managing Pharmacist: Lori Sheehan, Pharmacist-in-Charge License Number: 21041 NV TEMP

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

James B. Rossiter III, President & CEO
Print Name of Authorized Person

3-2-21
Date

Board Use Only	Date Processed:	Amount: 500 Check # 9474714419

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Iowa

Parent Company if any: RAH Intermediate, LLC

Mailing Address: PO Box 200

City: Orange City State: IA Zip: 51041

Telephone: 712-737-5555 x 134 Fax: 877-335-2680

Contact Person: James B. Rossiter III, President & CEO

For any corporation non publicly traded, disclose the following:

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

a) RAH Intermediate, LLC (100% direct ownership) — Name: RAH Intermediate, LLC (100% direct ownership); Address: 100 Park Avenue, 21st Floor, New York, NY 10017

b) Name _____ Address _____

c) Name _____ Address _____

d) Name _____ Address _____

2) Provide the number of shares issued by the corporation. NA-Not Applicable

3) What was the price paid per share? NA-Not Applicable

4) What date did the corporation actually receive the cash assets? 04/05/2021

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

List any physician shareholders and percentage of ownership.

Name: NA-Not Applicable %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	800 am	430 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: NA-Not Applicable

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

James B. Rossiter III, President & CEO

Karen Vanden Brink, CFO and Treasurer

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, James B. Rossiter III, President & CEO

Responsible Person of Revival Animal Health

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

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

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

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

James B. Rossiter III, President & CEO
Print Name of Authorized Person

3-2-21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Iowa)
) ss.
Sioux COUNTY)

I, James B. Rossiter III, 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 & CEO for Revival Animal Health (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, James B. Rossiter III, 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
2nd day of March, 2021.

Karen Vandenbrink
NOTARY PUBLIC

NOTARIAL SEAL IOWA
KAREN VANDENBRINK
Commission Number 716540
MY COMMISSION EXPIRES
1-29-2023

Iowa Board of Pharmacy

400 S.W. Eighth Street, Suite E
Des Moines, IA 50309-4688
(P): (515) 281-5944 (F): (515) 281-4609
Website: https://pharmacy.iowa.gov

CERTIFICATION OF IOWA PHARMACY LICENSE FOR THE BUSINESS LISTED BELOW:

This is a primary source verification.

Name :	Revival Animal Health
License No :	1374
License/Registration Type :	Pharmacy
Sub Type :	Limited Use Pharmacy-Veterinary
Date Issued :	01/01/2010
Expiration Date :	12/31/2021
Status :	Current/Active
Last Renewal Date :	12/01/2020
City :	Orange City
State :	IA
Address :	1700 Albany Place SE Orange City IA 51041-
Disciplinary Action :	No
Pharmacist in Charge :	Lori Sheehan

Andrew Funk, Pharm.D. , Executive Director, Iowa Board of Pharmacy. **Date:** 02/25/2021

IOWA BOARD OF PHARMACY

400 S.W. EIGHTH STREET, SUITE E
DES MOINES, IA 50309-4688
515/281-5944 FAX 515/281-4609
https://pharmacy.iowa.gov

2021

Limited Use Pharmacy License No. 1374

ISSUED 12/01/2020 **EXPIRES 12/31/2021**

STATUS: Current/Active

MUST BE CONSPICUOUSLY DISPLAYED IN LOCATION TO WHICH IT APPLIES

MAILING ADDRESS
Revival Animal Health
PO Box 200
Orange City IA 51041

LICENSED LOCATION
Revival Animal Health
1700 Albany Place SE
Orange City IA 51041

COUNTY 84

Lori Sheehan, Pharmacist in Charge

Iowa Board of Pharmacy

Inspection Conducted on 02/03/2021 for Revival Animal Health

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DEMOGRAPHICS

License #	Business Name	Inspection Date
1374	Revival Animal Health	02/03/2021

Address: 1700 Albany Place SE

Zip	City	State
51041-	Orange City	IA

Phone	Fax	Business Email
(712) 737-5555	(877) 335-2680	rx@revivalanimal.com

PIC	PIC Email	PIC License #
Lori Sheehan		21085

PIC License Exp Date	DEA #	CSA Number
06/30/2021	FR2116792	

CSA Expiration Date:

Averages

Average Prescription volume per week	Most Recent Annual CS Inventory Date	Number of Pharmacist Hours per week
250	10/30/2020	64

Number of Technician Hours per week	Number of Intern Hours per week	Number of PSP Hours per week
80	0	1000

Pharmacy Practice/Services

General Dispensing	Central Rx Processing	Hospital
YES	NO	NO

Mail Order Only	Central Rx Filling	Home Infusion
YES	NO	NO

Nuclear	Care Facility Filling	Care Facility Consulting
NO	NO	NO

Emergency Drug Kits	Unit Dose	Home Health/DME
NO	NO	NO

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OTC Pseudoephedrine Sales
NO

Exempt CV Dispensing
NO

Prepackaging
NO

EMS
NO

Collaborative Practice Agreements
NO

Technician Product Verification
NO

Prescription Delivery/Mail-outs/Mail Order
YES

Medication Therapy Management
NO

Statewide Protocol-Naloxone
NO

Statewide Protocol-Immunization
NO

Statewide Protocol-Nicotine Replacement
NO

CLIA-Waved Testing
NO

Compliance Packaging/MedPaks
NO

Naloxone Standing Order
NO

Human Patients
NO

Veterinary – Companion Animals
YES

Veterinary – Food-producing Animals
NO

DEA-registered Controlled Substances Collector
NO

Non-Controlled Substance Collector Only
NO

COVID-19 Diagnostic
NO

COVID-19 Antibody
NO

Other
NO

Collaborative Practice Explanation

Other (if Other please explain)

Compounding

Sterile High-Risk
NO

Sterile Medium-Risk
NO

Sterile Low-Risk
NO

Sterile Immediate Use
NO

Sterile Hazardous Drugs
NO

Sterile Anticipatory
NO

Sterile Shipping out-of-state
NO

% of sterile compounded preparations shipped out of state during the previous year
0

Sterile Number of Facilities
0

Sterile for patients in other facilities
NO

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Non Sterile Simple	Non Sterile Moderate	Non Sterile Complex
NO	NO	NO
Non Sterile Anticipatory	**Non Sterile Hazardous Drugs**	**Prescriber Office Use**
NO	NO	NO
Number of sterile compounded preparations dispensed into Iowa last year	**Number of non-sterile compounded preparations dispensed into Iowa last year**	**Pursuant to Patient-Specific Rx**
0	0	NO

Accreditations

VIPPS	PCAB	ACHC	JCAHO
YES	NO	NO	NO
DMEPOS	**VPP**	**None**	
NO	NO	NO	

Other (if Other please explain)

0

General

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1	License/registration: 1) For pharmacy is current and visible to the public 2) For each RPh, wall license w/current renewal card is current and visible to the public 3) For each Tech/PSP, registration certifica is available in the pharmacy 657-8.4, 8.35, 3.2, 3.12, 5.4, 5.13 No CSA - does not handle controlled substances.	◉C ○D ○NA ○NR ○R
2	Pharmacy area contains: 1) Secure barrier 2) Sink in sanitary condition with hot/cold running water 3) Clean and orderly work spaces/drug storage 4) Equipment in sanitary condition and in good working order 5) Adequate lighting 6) Proper temperature/humidity for storage of drugs 657-8.5	◉C ○D ○NA ○NR ○R
3	Pharmacy maintains compliant references: 1) Iowa laws and rules 2) Patient information 3) Drug interaction 4) General information 5) Drug equivalency 6) Natural or herbal medicines 7) Poison Control Center phone # 8) Additional as needed to meet the needs of patients 657-6.3	◉C ○D ○NA ○NR ○R

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4	Pharmacy maintains, if stocking drugs requiring such storage: 1) Refrigerator with thermometer between 36-46 degrees F 2) Freezer with thermometer between -4 - 14 degrees F 3) Daily log of temperatures	◉C ○D ○NA ○NR ○R	657-8.5(1)
5	Drugs/devices on dispensing shelves are: 1) Stored in a manner that protects their identity/integrity 2) Properly labeled with an expiration date 3) Not expired	◉C ○D ○NA ○NR ○R	657-8.7(2), 657-8.7(5)
6	Name badges have first name and title	◉C ○D ○NA ○NR ○R	657-3.18, 657-5.15, 657-8.4(5)
7	Rx labels contain: 1) Rx number 2) Pharmacy name/address/phone # 3) Patient name (except epi/naloxone/EPT) 4) Prescriber name 5) Dispense date 6) Directions for use 7) Quantity	◉C ○D ○NA ○NR ○R	657-6.10
8	Patient counseling sign posted at all pick-up locations	◉C ○D ○NA ○NR ○R	657-6.14
9	Disposal of materials containing pt-specific information preserves patient confidentiality	◉C ○D ○NA ○NR ○R	657-8.16(3)
10	P&Ps include, as applicable: 1) All operations of the pharmacy 2) Frequency of review 3) Delivery 4) Refill sales during RPh break	◉C ○D ○NA ○NR ○R	657-8.3(5), 657-8.15(2), 657-6.7(4)
11	P&Ps include, as applicable: 5) Utilization of technicians and PSPs 6) CQI program 7) System downtime 8) AMDS 9) Med paks	◉C ○D ○NA ○NR ○R	657-3.17, 657-5.20, 657-8.26(3), 657-21.5(3), 657-21.10, 657-22.5
12	Techs/PSPs are performing appropriate functions	◉C ○D ○NA ○NR ○R	657-3.22, 5.22
13	Counseling is provided by RPh/intern on new/changed Rxs in a private area; Refusal is documented by RPh Provide 800# and written information when mailed to patient	◉C ○D ○NA ○NR ○R	657-6.14(1), 657-6.14(3)
14	Transfer of Rxs: 1) For CSs, completed only by RPh/Intern 2) For non-CSs, completed only by RPh/Intern/CPhT 3) Via fax only after direct communication between authorized individuals	◉C ○D ○NA ○NR ○R	657-6.9, 657-3.22
15	Prescriptions (verbal, hard-copy, electronic, fax) are dated, assigned a number, and contain: 1) Drug name/strength 2) Drug NDC dispensed 3) Date authorized 4) All required elements (except pt name if Epi/naloxone/EPT)	◉C ○D ○NA ○NR ○R	657-6.8

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16	Verbal Rxs include transmitting agent first/last name and title	◉C ○D ○NA ○NR ○R	657-8.19(3)
17	Faxed Rxs: 1) Serve as original record 2) RPh verifies authenticity as to source of fax transmission when necessary 3) Identify transmitting agent first/last name and title	◉C ○D ○NA ○NR ○R	657-21.7, 657-8.19(3)
18	Permanent and intermittent logs are current/complete; Intermittent log contains: 1) Name 2) Date 3) Shift worked	◉C ○D ○NA ○NR ○R	657-8.4
19	Pharmacy maintains supplier invoices of prescription drugs upon which the actual date of receipt of the drugs by the pharmacist or other responsible individual is clearly recorded	◉C ○D ○NA ○NR ○R	657-8.9
20	Records 1) Maintained for 2 yrs 2) Less than 1 yr in Rx dept (unless digital copy immediately available for Non-CS) 3) Secure if outside Rx dept	◉C ○D ○NA ○NR ○R	657-6.16, 657-8.9, 657-10.36
21	CQI program reviewed quarterly and includes: 1) Documentation of errors that reach the patient (w/in 3 days) 2) Event description 3) Event date/time 4) ID of person who discovered event 5) ID of person reporting/reviewing event 6) Changes to pharmacy process, if any	◉C ○D ○NA ○NR ○R	657-8.26
22	Pharmacy has documented training for technicians and PSPs	◉C ○D ○NA ○NR ○R	657-8.14
23	Pharmacy system patient record retained for 2 yrs and contains: 1) Patient full name 2) Address 3) Phone 4) DOB 5) Gender 6) Allergies 7) Conditions	◉C ○D ○NA ○NR ○R	657-6.13
24	RPh performs DUR for all prescriptions	◉C ○D ○NA ○NR ○R	657-8.21
25	Pharmacy system requirements: 1) Secure to prevent unauthorized access/manipulation of data 2) Individual authentication credentials securely maintained 3) Alterations to data are documented 4) Is DEA-compliant if used to process electronic CS Rxs	◉C ○D ○NA ○NR ○R	657-21.3
26	Pharmacy system is capable of immediate retrieval of 1) Prescription/patient/prescriber/drug data 2) Pharmacy utilization data	◉C ○D ○NA ○NR ○R	657-21.5(2)

USP 800 - Non-compounding

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1	Pharmacy maintains a list of all NIOSH-identified HDs used which is reviewed/updated at least every 12 months and when new agents/dosage forms are used (USP 800, Section 2)	◉C ○D ○NA ○NR ○R	657-8.5(11)
2	A designated person who is trained/qualified has been identified to be responsible for: 1) development/implementation of procedures 2) compliance with USP 800 3) personnel competency (USP 800, Section 4)	◉C ○D ○NA ○NR ○R	657-8.5(11)
3	A designated person who is trained/qualified has been identified to be responsible for: 4) environmental control of storage areas 5) facility monitoring 6) maintenance of and responding to test/sample results (USP 800, Section 4)	◉C ○D ○NA ○NR ○R	657-8.5(11)
4	Pharmacy has completed and documented an Assessment of Risk (AOR) for all HDs it handles which includes: 1) type of HDs 2) dosage form 3) risk of exposure 4) packaging 5) manipulation (USP 800, Section 2)	◉C ○D ○NA ○NR ○R	657-8.5(11)
5	AOR documents alternative containment strategies/work practices to minimize occupational exposure and identifies Personal Protective Equipment (PPE) to be used (USP 800, Section 2)	◉C ○D ○NA ○NR ○R	657-8.5(11)
6	AOR is reviewed and documented at least every 12 months (USP 800, Section 2)	◉C ○D ○NA ○NR ○R	657-8.5(11)
7	HD handling areas are restricted to authorized personnel and are located away from break rooms (USP 800, Section 5)	◉C ○D ○NA ○NR ○R	657-8.5(11)
8	A designated area is available for HD receipt/unpacking and HD storage (USP 800, Section 5)	◉C ○D ○NA ○NR ○R	657-8.5(11)
9	Antineoplastic HDs are unpacked in an area that is neutral/normal or negative pressure relative to surrounding area (USP 800, Section 5)	◉C ○D ○NA ○NR ○R	657-8.5(11)
10	HDs are stored: 1) in a manner to prevent breakage/spillage if the container falls 2) off the floor 3) within regular inventory if authorized by AOR and policy (USP 800, Section 5)	◉C ○D ○NA ○NR ○R	657-8.5(11)
11	Receiving procedure includes a visual examination of the shipping container for signs of damage / breakage (USP 800, Section 5)	◉C ○D ○NA ○NR ○R	657-8.5(11)
12	Procedures to handle HD shipping container which appears damaged or which must be opened are compliant (USP 800, Section 10)	◉C ○D ○NA ○NR ○R	657-8.5(11)

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13	Pharmacy personnel deliver HDs to the HD storage area immediately after unpacking (USP 800, Section 10)	◉C ○D ○NA ○NR ○R	657-8.5(11)
14	Appropriate PPE per AOR, including chemotherapy gloves, is worn when HDs are unpacked (USP 800, Section 10)	◉C ○D ○NA ○NR ○R	657-8.5(11)
15	Pharmacy maintains PPE as identified in AOR (USP 800, Section 7)	◉C ○D ○NA ○NR ○R	657-8.5(11)
16	Disposable PPE is not reused (USP 800, Section 7)	◉C ○D ○NA ○NR ○R	657-8.5(11)
17	Reusable PPE is decontaminated/cleaned after use (USP 800, Section 7)	◉C ○D ○NA ○NR ○R	657-8.5(11)
18	Appropriate PPE is worn pursuant to AOR when handling HDs including during: 1) receipt 2) storage 3) transport 4) spill control 5) waste disposal 6) deactivation, decontamination, and cleaning (USP 800 Section 7)	◉C ○D ○NA ○NR ○R	657-8.5(11)
19	If identified for use in AOR, gowns are: 1) disposable 2) shown to resist permeability 3) selected based on the HDs handled 4) not worn in other areas after being worn in an HD handling area (USP 800, Section 7)	◉C ○D ○NA ○NR ○R	657-8.5(11)
20	If identified for use in AOR, gowns: 5) are not cloth 6) close in the back 7) are long-sleeved 8) have elastic or knit closed cuffs 9) have no seams/closures to allow HDs to pass through (USP 800, Section 7)	◉C ○D ○NA ○NR ○R	657-8.5(11)
21	If identified for use in AOR, gowns are changed per manufacturer information for permeation of the gown or every 2-3 hours or immediately after a splash/spill (USP 800, Section 7)	◉C ○D ○NA ○NR ○R	657-8.5(11)
22	If identified for use in AOR, appropriate eye/face protection is used when risk of spills/splashes and when eye protection is needed, goggles are used (USP 800, Section 7)	◉C ○D ○NA ○NR ○R	657-8.5(11)
23	If identified for use in AOR, respiratory protection used is compliant with USP 800, Section 7	◉C ○D ○NA ○NR ○R	657-8.5(11)
24	Disposal of PPE is in an appropriate waste container and disposed of per local, state, federal regulations (USP 800, Section 7)	◉C ○D ○NA ○NR ○R	657-8.5(11)

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25	Antineoplastic HD tablets/capsules are not placed in automated counting/packaging machines (USP 800, Section 12)	◉C ○D ○NA ○NR ○R 657-8.5(11)
26	An individual qualified to respond to HD spills is available at all times while HDs are being handled (USP 800, Section 16)	◉C ○D ○NA ○NR ○R 657-8.5(11)
27	A spill kit is readily available in all areas where HDs are routinely handled (USP 800, Section 16)	◉C ○D ○NA ○NR ○R 657-8.5(11)
28	All spill materials are disposed of as hazardous waste (USP 800, Section 16)	◉C ○D ○NA ○NR ○R 657-8.5(11)
29	Packing materials / containers used: 1) protect HDs from damage, leakage, contamination, and degradation 2) protect delivery personnel 3) do NOT include pneumatic tubes for transport of any liquid HDs or any antineoplastic HDs (USP 800, Section 11) prescriptions are place in plastic over wrap bag	◉C ○D ○NA ○NR ○R 657-8.5(11)
30	All areas where HDs are handled and all reusable equipment/devices are deactivated, decontaminated and cleaned (USP 800, Section 15) Uses Peridox and Isopropyl alcohol	◉C ○D ○NA ○NR ○R 657-8.5(11)
31	Personnel performing deactivation, decontamination, and cleaning wear appropriate PPE as identified in AOR (USP 800, Section 15)	◉C ○D ○NA ○NR ○R 657-8.5(11)
32	Pharmacy uses agents for deactivation consistent with HD labeling or EPA-registered oxidizers (peroxide formulations, sodium hypochlorite) (USP 800, Section 15) Uses Peridox	◉C ○D ○NA ○NR ○R 657-8.5(11)
33	Pharmacy uses appropriate agent(s) for decontamination (alcohol, water, peroxide, sodium hypochlorite) (USP 800, Section 15) Isopropyl alcohol	◉C ○D ○NA ○NR ○R 657-8.5(11)
34	Pharmacy uses appropriate agent(s) for cleaning (germicidal detergent) (USP 800, Section 15) Isopropyl alcohol	◉C ○D ○NA ○NR ○R 657-8.5(11)

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35	Disposable materials used in deactivation, decontamination, and cleaning are disposed of to meet EPA regulations and pharmacy SOPs (USP 800, Section 15)	◉C ○D ○NA ○NR ○R 657-8.5(11)
36	Training on proper handling of HDs is: 1) documented 2) completed for all personnel based on job function(s) 3) completed before personnel independently handle HDs 4) followed by competency demonstration by each employee (USP 800, Section 9)	◉C ○D ○NA ○NR ○R 657-8.5(11)
37	Training includes: 1) overview of HD list and risks 2) review of SOPs for HD handling 3) proper use of PPE, equipment, and devices 4) response to known/suspected HD exposure 5) spill management (USP 800, Section 9)	◉C ○D ○NA ○NR ○R 657-8.5(11)
38	Training includes: 6) labeling 7) transport 8) storage 9) disposal 10) use of Safety Data Sheets (USP 800, Section 9)	◉C ○D ○NA ○NR ○R 657-8.5(11)
39	Training includes: 11) protection of employees/environment in routine custodial waste removal/cleaning activities in HD handling areas 12) deactivation, decontamination, and cleaning procedures 13) new HD or equipment before being used 14) new process or SOP before implemented (USP 800, Section 9)	◉C ○D ○NA ○NR ○R 657-8.5(11)
40	Competency in HD handling is reassessed every 12 months (USP 800, Section 9)	◉C ○D ○NA ○NR ○R 657-8.5(11)
41	SOPs are reviewed and documented every 12 months (USP 800, Section 17)	◉C ○D ○NA ○NR ○R 657-8.5(11)
42	SOPs include hand hygiene / PPE to be used for the HDs maintained pursuant to AOR (USP 800, Section 7)	◉C ○D ○NA ○NR ○R 657-8.5(11)
43	SOPs include the hazard communication program (USP 800, Section 9)	◉C ○D ○NA ○NR ○R 657-8.5(11)
44	SOPs include the Occupational Safety Program information to ensure worker safety during all aspects of HD handling (USP 800, Sections 1 and 17)	◉C ○D ○NA ○NR ○R 657-8.5(11)
45	SOPs include the designation of HD handling areas (USP 800, Section 17)	◉C ○D ○NA ○NR ○R 657-8.5(11)
46	SOPs include: 1) receiving 2) storage 3) labeling 4) packaging 5) dispensing 6) transport 7) disposal (USP 800, Sections 10, 11, and 17)	◉C ○D ○NA ○NR ○R 657-8.5(11)

Iowa Board of Pharmacy

Inspection Conducted on 02/03/2021 for Revival Animal Health

C = COMPLIANT D = DEFICIENT NA = DOES NOT APPLY TO THIS LICENSEE/REGISTRANT NR = NOT REVIEWED DURING THIS INSPECTION R = REMINDER

47	SOPs include procedures relating to spills and clean up and includes: 1) prevention of accidental exposures/spills 2) personnel response to exposure 3) use of spill kits 4) specify who is responsible for spill management 5) type of PPE required 6) location of spill kits / clean up materials 7) spill kit capacity (USP 800, Sections 10, 11, 16, and 17)	■C ○D ○NA ○NR ○R 657-8.5(11)
48	SOPs relating to decontamination, deactivation, and cleaning include: 1) procedures 2) agents used 3) dilutions (if any) 4) frequency 5) documentation requirements 6) PPE used (USP 800, Section 17)	■C ○D ○NA ○NR ○R 657-8.5(11)

NOTES

Deficiencies

- Signage is present to identify hazard at entrance of HD handling area(s) (USP 800, Section 9) (657-8.5(11))
  Place sign identifying HD handling area.
- HDs awaiting return to the supplier are segregated in a designated negative pressure area if required by AGR (USP 800, Section 10) (657-8.5(11))
  Place in a separate container labeled as HD
- If identified for use in AGR, chemotherapy gloves meet ATSM standards and are: 1) worn for handling all HDs 2) powder free 3) inspected for physical defects before use and not used when found to have pin holes or weak spots (USP 800, Section 7) (657-8.5(11))
  Notice in place are not identified as ATSM compliant. Verify the PPE are compliant.
- Spill management is documented (USP 800, Section 16) (657-8.5(11))
  Develop documentation for recording spills of HD
- Personnel potentially exposed during spill clean up or who have direct skin/eye contact with HDs have access to immediate evaluation (USP 800, Section 10) (657-8.5(11))
  Add statement to SOP on spill management

Reminders

Iowa Board of Pharmacy

Inspection Conducted on 02/03/2021 for Revival Animal Health

C = COMPLIANT D = DEFICIENT NA = DOES NOT APPLY TO THIS LICENSEE/REGISTRANT NR = NOT REVIEWED DURING THIS INSPECTION R = REMINDER

AFFIRMATION

Representative Email:

rx@revivalanimal.com; dlsheehan@midlands.net; loris@revivalanimal.com

Note : I (The "Facility Representative" signing below) acknowledge and affirm that the areas of noncompliance identified (if any) in this inspection report will be remedied within 30 calendar days. I further acknowledge and understand that a complaint may be initiated due to any areas of noncompliance identified in this inspection report and the Board may determine that disciplinary action against my license and the facility's license or registration is warranted.

Board of Pharmacy Inspector:	Facility Representative
Daniel Sedlacek	Lori Sheehan

Iowa Board of Pharmacy Disclaimer : During this inspection, not all rules and regulations may have been inspected for compliance. This does not preclude or excuse your compliance with all applicable rules and regulations of the Iowa Board of Pharmacy

Please be advised the deficiencies noted in the Iowa Board of Pharmacy ("Board of Pharmacy") Inspection Report, dated February 3, 2021 (attached) did not require Revival Animal Health to submit an official Plan of Correction to the Board of Pharmacy.

To ensure compliance with all Board of Pharmacy rules and regulations, and industry standards, Revival Animal Health made the following corrections identified in the Inspection Report.

1. Signage is present to identify hazard at entrance of HD handling area(s) (USP 800,Section 5) (657-8.5(11)). Place sign identifying HD handling area – ***completed 2/5/2021***

2. HDs awaiting return to the supplier are segregated in a designated negative pressure area if required by AOR (USP 800, Section 10)(657-8.5(11)). Place in a separate container labeled as HD – Container labeled Hazardous Drug Returns-***created on 2/5/2021.***

3. If identified for us in AOR, chemotherapy gloves meet ATSM standards and are 1) warn for handling all HDs 2) powder-free 3)inspected for physical defects. (USP 800, Section 7)(657-8.5(11)) Nitrile in place is not identified as ATSM compliant. ***Verify the PPE are compliant. Email from AMMEX Corporation confirms that the nitrile gloves used in the pharmacy is compliant with ASTM.***

4. Spill management is documented (USP 800, Section 16) (657-8.5(11)). Develop documentation for recording spills of HD – ***See form created***

5. Personnel potentially exposed during spill clean up or who have direct skin/eye contact with HDs have access to immediate evaluation (USP 800, Section 16) (657-8.5(11)). Add statement to SOP on spill management. Following is excerpt from Pharmacy's USP 800 Hazardous Drug Communication Standard.

Spill Requirements
Trained staff will refer to the Risk Assessment form of a hazardous drug should a spill occur. The form will include the personal protective equipment (PPE) required and the steps to clean up the spill. Documentation of the spill will be on the Hazardous Drug Spill Form.

Personnel potentially exposed during spill clean-up or who have direct skin/eye contact with Hazardous Drugs will have access to immediate evaluation at the Orange City Area Health System or the provider of their choice.

Hazardous Drug Spill Form

Date:_____
Drug and Quantity:_____

How did the spill occur? (Size of the spill

How was the spill cleaned up? (Deactivation, decontamination, cleaning. PPE used)

Personnel involved including who came in contact with the HD, who cleaned up the spill and did any personnel need medical evaluation/treatment.

Pharmacy Staff Signature _____

Attachment: Disciplinary History- Question #3

Maine Board of Pharmacy (Case Number: 2015-PHA-11547)

On August 1, 2016, the Maine Board of Pharmacy ("Board of Pharmacy") and Revival Animal Health, Inc. (Permit #: MO40001132), located at 1700 Albany Place SE, Orange City, IA 51041-9680, entered into a Board of Pharmacy *Consent Agreement*.

Board of Pharmacy alleges Revival Animal Health, Inc. failed to submit a timely Change of Pharmacist-in-Charge Application on June 15, 2015. Revival Animal Health, Inc. acknowledged filing late Change of Pharmacist-in-Charge application and agreed sign *Consent Agreement* and pay the Board of Pharmacy fine of $1,000.

Upon receipt of the signed *Consent Agreement* and fine, Board of Pharmacy considered the matter closed and took no further action. Revival Animal Health, Inc.'s Maine Non-Resident Pharmacy Permit remains active and in good standing.

Hawaii Board of Pharmacy (Case Number: PHA 2017-36-L)

On June 15, 2017, the Hawaii Board of Pharmacy ("Board of Pharmacy") and Revival Animal Health, Inc. (Permit #: PMP 796), located at 1700 Albany Place SE, Orange City, IA 51041-9680, entered Board of Pharmacy *Settlement Agreement Prior to Filing of Disciplinary Action* (*"Settlement Agreement"*).

Board of Pharmacy alleges Revival Animal Health, Inc. did not notify the Board of Pharmacy of disciplinary actions taken against Revival Animal health, Inc., by the Maine Board of Pharmacy, for failure to file timely Change in Pharmacist-in-Charge Application.

Revival Animal Health, Inc. acknowledged failure to notify the Board of Pharmacy, executed the Settlement Agreement and paid the $250 fine.

Upon receipt of the signed *Settlement Agreement* and fine, Board of Pharmacy considered the matter closed and took no further action. Revival Animal Health, Inc.'s Hawaii Non-Resident Pharmacy Permit remains active and in good standing.

Illinois Board of Pharmacy (Case Number: 2016-08609)

On November 27, 2017, the Illinois Board of Pharmacy ("Board of Pharmacy") and Revival Animal Health, Inc. (Permit #: 054.017554), located at 1700 Albany Place SE, Orange City, IA 51041-9680, entered Board of Pharmacy *Non-Disciplinary Consent Order* (*"Consent Order"*).

Board of Pharmacy alleges Revival Animal Health, Inc. did not notify the Board of Pharmacy of disciplinary actions taken against Revival Animal health, Inc., by the Maine Board of Pharmacy, for failure to file timely Change in Pharmacist-in-Charge Application.

Revival Animal Health, Inc. acknowledged failure to notify the Board of Pharmacy, executed the *Consent Order* and paid the $1,000 fine.

Upon receipt of the signed *Consent Order* and fine, Board of Pharmacy considered the matter closed and took no further action. Revival Animal Health, Inc.'s Illinois Non-Resident Pharmacy Permit remains active and in good standing.

Vermont Board of Pharmacy (Case Number: 2016-576)

PENDING-On February 13, 2017, the Vermont Board of Pharmacy ("Board of Pharmacy") opened an investigation against Revival Animal Health, Inc. (Permit #: 36.0072489), located at 1700 Albany Place SE, Orange City, IA 51041-9680, related to disciplinary actions taken by the Maine Board of Pharmacy.

Continued correspondence with the Board of Pharmacy indicates delays in resolution of investigation based upon lack of staff resources and leave. No further actions have been taken by the Board of Pharmacy during pending status.

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head
Commissioner

September 1, 2016

Revival Animal Health
Attn: Roy Nelson, III, President/Owner
1700 Albany Place SE
Orange City, IA 51041-9680

Re: Complaint No. 2015-PHA-11547

Dear Mr. Nelson:

Enclosed please find the fully executed consent agreement between Revival Animal Health, the Maine Board of Pharmacy, and the Office of the Attorney General in the above referenced matter.

This letter also acknowledges receipt of your fine payment in the amount of $1,000.00. Your fine is paid in full. As all conditions of the consent agreement have been fulfilled, this complaint file is now closed.

If you have any questions, please feel free to contact this office at 207-824-8631.

Sincerely,

Mary A. Lord

Mary A. Lord, Paralegal
mary.a.lord@maine.gov

cc: Andrew Black, Assistant Attorney General
Geraldine Betts, Board Administrator
Kevin Holland, Complaint Officer
Thomas Avery, Chief Field Investigator
Jessica Gowell, Sr. Consumer Assistance Specialist

Katie Sullivan
katie.sullivan@kirkland.com

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
REVIVAL ANIMAL HEALTH	)	CONSENT AGREEMENT
	)	
Complaint No. 2015-PHA-11547	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of Revival Animal Health in the State of Maine. The parties to this Consent Agreement are: Revival Animal Health ("Revival"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, Revival was licensed by the Board as a mail order pharmacy, license no. MO40001132, located at 1700 Albany Place SE in Orange City, Iowa.
2. On June 15, 2015, Julie Ann May-Arends replaced Dwayne A. Plender as the pharmacist in charge ("PIC") of Revival, thereby requiring Revival to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. Revival, however, did not file a change of PIC application with the Board until July 17, 2015.
4. On September 16, 2015, Board Investigator Thomas Avery filed a complaint with the Board alleging that Revival had failed to file a timely Change of PIC application.
5. The Board docketed this complaint as complaint no. 2015-PHA-11547.

Katie Sulivan
katie.sullivan@kirkland.com

6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
7. On August 4, 2016, following a presentation of the complaint, the Board voted to offer Revival this Consent Agreement in order to finally resolve Complaint No. 2015-PHA-11547.
8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Mary A. Lord, Paralegal, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by September 12, 2016, the Board will resolve this matter by holding an adjudicatory hearing.

Katie Sullivan
katie.sullivan@kirkland.com

COVENANTS

9. Revival admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.
10. As DISCIPLINE for the conduct admitted to in paragraph 9 above, Revival agrees to accept the imposition of:
    a. A WARNING; and
    b. A CIVIL PENALTY in the amount of one thousand dollars ($1,000.00). Payment of the civil penalty shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Mary A. Lord, Paralegal, Department of Professional and Financial Regulation, 35 State House Station,

Augusta, Maine 04333, within thirty (30) days of the execution of this Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.
12. Violation of any of the terms or conditions of this Consent Agreement by Revival shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.
13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.
14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.
15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.
16. The Board and Revival agree that no further agency or legal action will be initiated against Revival by the Board based upon the specific violations admitted to herein, except or unless Revival fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Revival. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Revival.
17. Revival acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement,

Katie Sulivan
katie.sullivan@kirkland.com

that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

REVIVAL ANIMAL HEALTH

DATED: 8-22-2016

BY: _____
Authorized Representative

Roy Nielsen III
Printed Name

DATED: 9/1/2016

_____
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 9/1/2016

_____
ANDREW L. BLACK
Assistant Attorney General

Katie Sulivan
katie.sullivan@kirkland.com

COPY

DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

CATHERINE P. AWAKUNI COLÓN
DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

DARIA A. LOY-GOTO
COMPLAINTS AND ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2666

HILO OFFICE
120 PAUAHI STREET, SUITE 212
HILO, HAWAII 96720

KONA OFFICE
HUALALAI CENTER
75-170 HUALALAI ROAD, SUITE C-309
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

May 18, 2017

Katie Sulivan
katie.sullivan@kirkland.com

Revival Animal Health
P.O. Box 200
Orange City, Iowa 51041

Re: RICO Case No. PHA 2017-36-L

Gentlepersons:

The Regulated Industries Complaints Office (RICO) received a request for investigation from the Hawaii Board of Pharmacy ("Board") after Revival Animal Health (Revival) reported disciplinary action taken by the State of Maine. Like most state boards of pharmacy, the Board can impose reciprocal discipline based on orders from other states. Hawaii Revised Statutes § 436B-19(13) addresses disciplinary actions by other state and federal agencies.

This case has been identified for possible early resolution by our office and we ask that you carefully consider the following:

1. RICO could file a formal Petition for Disciplinary Action against Revival's Hawaii permit based on the disciplinary action taken by Maine, however, in order to conserve on the time and expense of litigation, RICO is proposing early resolution of this case based on the terms of the enclosed Settlement Agreement.

2. The Settlement Agreement should be read very carefully because this letter provides only a brief summary of its terms.

3. Any Settlement Agreement entered into must be approved by the Board.

4. Briefly, if the Settlement Agreement is executed and the Board approves it, Revival would be waiving its right to an administrative hearing and agreeing to pay administrative costs in the amount of $250.00.

5. If Revival wishes to resolve this matter on the terms set forth in the agreement, please execute the Settlement Agreement **before a notary** and return the entire document to the Regulated Industries Complaints Office, Attn.: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. RICO will then submit the Settlement Agreement to the Board for its consideration.

6. Please note any payment due must be paid by **cashier's check or money order** at the time the Settlement Agreement is submitted to RICO.

7. If Revival chooses to have an attorney represent it in this matter, please provide us with his or her name, address and telephone number so that we can revise the Settlement Agreement accordingly.

This settlement offer will expire by the close of business on ***June 30, 2017***. If we do not receive a response, we will assume that Revival does not wish to settle this matter and will proceed accordingly, and all of RICO's rights and remedies in the matter are expressly reserved.

We look forward to hearing from you.

Very truly yours,

DARIA A. LOY-GOTO
Complaints and Enforcement Officer

Enclosures: (1)

Katie Sulivan
katie.sullivan@kirkland.com

DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2017 JUN 16 P 12:40
HEARINGS OFFICE

RECEIVED
PROF & VOCATIONAL LICENSING DIVISION
2017 JUN -5 A 9:51
DEPT OF COMMERCE CONSUMER AFFAIRS STATE OF HAWAII

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of)	PHA 2017-36-L
REVIVAL ANIMAL HEALTH,	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	

Katie Sullivan katie.sullivan@kirkland.com

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s) and Respondent REVIVAL ANIMAL HEALTH (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMP 796. The permit was issued on or about January 1, 2012. The permit will expire or forfeit on or about December 31, 2017.

2. Respondent's mailing address for purposes of this action is P.O. Box 200, Orange City, Iowa 51041.

3. Respondent reported it was disciplined by the Maine Board of Pharmacy.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

4. Respondent provided a copy of a Consent Agreement issued to Respondent by the Maine Board of Pharmacy in Complaint No. 2015-PHA-11547 (hereinafter "the Maine Agreement") (Exhibit "1"). The Maine Agreement was based on allegations Respondent failed to timely file a Change of Pharmacist in Charge application. Respondent was warned and a $1,000.00 civil penalty imposed.

5. RICO alleges Respondent was disciplined by the State of Maine.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Consent Agreement issued to Respondent by the Maine Board of Pharmacy in Complaint No. 2015-PHA-11547.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

Katie Sulivan katie.sullivan@kirkland.com

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2017-36-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative costs. Respondent agrees to pay costs in the amount of TWO HUNDRED FIFTY AND NO/100 DOLLARS ($250.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment shall be due at the time this Settlement Agreement is returned to RICO.

Katie Sulivan katie.sullivan@kirkland.com

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's

usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Orange City (City), Iowa (State), 5-25-2017 (Date).

REVIVAL ANIMAL HEALTH
Respondent

By: _____ (Signature)
Roy Nelson III (Print Name)
Its President

DATED: Honolulu, Hawaii, JUN - 5 2017.

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce
and Consumer Affairs

Katie Sullivan
katie.sullivan@kirkland.com

IN THEE MATTER OF THE MISCELLANEOUS PERMIT OF REVIVAL ANIMAL HEALTH; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2017-36-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

6/15/17
DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

RONALD WEINBERG

JULIE YURIE TAKISHIMA-LACASA

PVL 05/26/16

Katie Sulivan
katie.sullivan@kirkland.com

STATE OF Iowa)
) SS.
COUNTY OF Sioux)

On this 25th day of May, 2017, before me personally appeared Ray Nielsen III, to me known to be the person described, and who executed the foregoing instrument on behalf of REVIVAL ANIMAL HEALTH as its President, and acknowledged that he/she executed the same as his/her free act and deed.

This 7-page SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER document dated May 25, 2017 was acknowledged before me by
[Date Document Signed by Respondent]
Ray Nielsen III this 25th day of May, 2017,
[Name of Person Signing Document]
in the City of Orange City, in the County of Sioux, in the State of Iowa.

Name: Karen VandenBrink
Notary Public, State of Iowa

My Commission expires: 5-15-2020

KAREN VANDENBRINK
Commission Number 716540
MY COMMISSION EXPIRES
5-15-2020

Katie Sullivan
katie.sullivan@kirkland.com

CAR- mailed 4-28-17

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Bruce Rauner
Governor

Bryan Schneider
Secretary

JESSICA BAER
Director
Division of Professional Regulation

April 18, 2017

REVIVAL ANIMAL HEALTH
Julie May-Arends
1700 Albany Pl SE
Orange City, IA 51041-9680

RE: REVIVAL ANIMAL HEALTH; Case No. 2016-08609

Dear REVIVAL ANIMAL HEALTH,

In order to resolve the case opened as a result of your sister state disciplinary action in Maine, the Illinois Department of Financial and Professional Regulation ("Department") has recommended the enclosed Non-Disciplinary Consent Order. Please carefully review the document.

If you choose to agree to the terms of the Order, please return the entire document with your original signature(s). The Order will then be presented to a member of the Illinois State Board of Pharmacy, to my supervisors, and ultimately to the Director of the Division of Professional Regulation for his final approval.

This Order represents a proposal. It is at the discretion of the Director of the Division of Professional Regulation whether or not to accept this proposal as a settlement agreement. Should the Director accept the proposal, upon her signature, you will receive a copy by mail. If she chooses to reject the proposed Order you will be notified.

Please note that if you choose to agree to the terms of the attached Order, you must return it to me within thirty (30) days from the date of this letter or else the attached Order is deemed withdrawn. Further, the terms of the Order will not be representative of the Department's position and will not constitute admissions at Formal Hearing.

Please do not hesitate to call if you have any questions.

Sincerely,

Lacey Rogers
711 Licensed Senior Law Clerk
Illinois Department of Financial and Professional Regulation, Division of Professional Regulation
100 W. Randolph St., Suite 9-300
Chicago, IL 60601
312-814-5866

Katie.Sullivan@kirkland.com

STATE OF ILLINOIS
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant,	)
v.		) No. 2016-08609
REVIVAL ANIMAL HEALTH License No. 054-017554,	Respondent.	)

NON-DISCIPLINARY CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (hereinafter the "Department") by Frank Lamas, Chief of Health Related Prosecutions, and REVIVAL ANIMAL HEALTH, Respondent, agree to the following:

Katie Sulivan
katie.sullivan@kirkland.com

STIPULATIONS

REVIVAL ANIMAL HEALTH, is a licensed pharmacy in the State of Illinois, holding License No. 054-017554. Said license is presently in ACTIVE status. At all times material to the matters set forth in this Non-Disciplinary Consent Order, the Illinois Department of Financial and Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties to this Non-Disciplinary Consent Order.

On or about September 1, 2016, Respondent's Maine mail order pharmacy license, License No. MO40001132, was disciplined by the State of Maine Board of Pharmacy for failing to file a change of pharmacist-in-charge application with the Board no later than seven (7) days after the change. On or about June 15, 2015, Respondent had a change in pharmacist-in-charge. However, Respondent did not file a change of pharmacist-in-charge application until July 17, 2015, thirty-two (32) days after the change. The State of Maine Board of Pharmacy and Respondent agreed to the following discipline: a Warning, and a Civil Penalty in the amount of one thousand dollars ($1,000.00). Respondent paid the civil penalty in full.

If these allegations were proven at a hearing to be true, then these allegation(s) may constitute grounds for discipline of Respondent's license as a pharmacy in the State of Illinois, on the authority of 225 ILCS 85/30(a)(8).

Respondent has been advised of the right to have the pending allegation(s) reduced to written charges, the right to a hearing, the right to counsel, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Non-Disciplinary Consent Order. Such waiver ceases if this Non-Disciplinary Consent Order is rejected by either Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledges that it has entered into this Non-Disciplinary Consent Order freely and of its own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Non-Disciplinary Consent Order.

Katie Sullivan
katie.sullivan@kirkland.com

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Non-Disciplinary Consent Order with the Department, providing for the imposition of non-disciplinary measures which are fair and equitable under the circumstances and which are consistent with the best interests of the people of the State of Illinois.

TERMS AND CONDITIONS

WHEREFORE, the Department, through Frank Lamas, Chief of Health Related Prosecutions, and REVIVAL ANIMAL HEALTH, Respondent, agree on the following Terms and Conditions:

A. REVIVAL ANIMAL HEALTH, holder of Pharmacy License No. 054-017554, shall pay a NON-DISCIPLINARY FEE of one thousand dollars ($1,000.00) within sixty

(60) days of the effective date of this Order. The non-disciplinary fee is to be paid by personal check, cashiers check, or personal money order. Said check shall be made payable to:

Illinois Dept. of Financial and Professional Regulation
SSC- Accounts Receivable Section- Fines
PO BOX 7086
Springfield, Illinois 62791-7086

In the notation portion of the check, this Case No. 2016-08609 and License No. 054-017554 shall be reflected.

B. In the event the non-disciplinary fee of one thousand dollars ($1,000.00) is not paid to the Department, within sixty (60) days of the effective date of this Consent Order, Respondent acknowledges and agrees that its failure to pay the full amount of the non-disciplinary fee will permit the Director of the Division of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Respondent's pharmacy license, License No. 054-017554. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. This suspension shall remain in full force and effect until such time as the Department receives the full amount of the non-disciplinary fee of one thousand ($1,000.00) dollars. In the event Respondent contests in writing the factual basis underlying said suspension and does so within thirty (30) days of the imposition of the automatic suspension, Respondent shall be afforded a hearing on the merits.

C. If Respondent fails to pay the aforementioned non-disciplinary fee, or any portion of the non-disciplinary fee, and the Department initiates a collection effort to retrieve the non-disciplinary fee, or any portion of the non-disciplinary fee, Respondent shall be responsible for all costs and fees incurred by the Department in said collection effort.

Katie Sulivan
katie.sullivan@kirkland.com

D. This Order is not a formal discipline that is reportable to a National Practitioner Data Bank; this Order is not published on the Department's website; this Order is not disclosed to the general public; and the Department will not report to any third party that Respondent entered into a Non-Disciplinary Order with the Department.

E. The above named Respondent consents to electronic service in lieu of service by certified mail. Service shall be made upon Respondent's counsel's email address and Respondent's email address.

F. This Non-Disciplinary Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

Katie Sulivan
katie.sullivan@kirkland.com

THE REMAINDER OF THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

11-13-17
DATE

Frank Lamas
Chief of Health Related Prosecutions

4/26/17
DATE

REVIVAL ANIMAL HEALTH
by and through its representative, Respondent

11/8/2017
DATE

Member, Illinois State Board of Pharmacy

Katie Sulivan
katie.sullivan@kirkland.com

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 27 DAY OF November, 2017.

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
BRYAN SCHNEIDER, SECRETARY
DIVISION OF PROFESSIONAL REGULATION

JESSICA BAER
DIRECTOR

Case No. 2016-08609
License No. 054017554

State of Vermont
Office of the Secretary of State

Office of Professional Regulation
Prosecuting Attorney Unit
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402

[phone] 802-828-3555
[fax] 802-828-2389
www.sec.state.vt.us

James C. Condos, Secretary of State
Christopher D. Winters, Deputy Secretary
Colin R. Benjamin, Director

February 13, 2017

Attention: Legal Department
Revival Animal Health
1700 Albany Pl SE
Orange City, IA 51041-9680

Case: In Re Revival Animal Health
Credential: Non-Resident Pharmacy
Docket No.: 2016-576

Dear Revival Animal Health:

As you may know, the Vermont Board of Pharmacy has opened an investigation into your pharmacy's professional conduct based on your report of disciplinary action in another jurisdiction. Please provide the information requested below within thirty (30) days of the date of this letter.

1) **List all names used by this entity:** Include parent organization, subsidiaries, affiliate organizations and any other doing business as (d/b/a) names that may be used in Vermont.

2) **Ownership:** Provide flow chart showing ownership. If an actual flow chart is not available, a description of the ownership or hierarchy of the organization is acceptable.

3) **Convictions/Denials/Disciplinary Actions.** Complete chronological summary of disciplinary actions taken against the Respondent Pharmacy, including actions taken against its parent, its subsidiaries, or any other person or organization with a controlling interest in this drug outlet. The summary must include dates, indicate the state/jurisdiction where the conduct originally occurred and other states that took reciprocal discipline, describe the violation that led to discipline, state final disposition and effective date, and whether in compliance with conditions, probation, fines, and so forth.

4) **Licensure Standing/Accreditations.** Lastly, indicate licensure standing and current expiration date for all states from which drugs are shipped to Vermont. If applicable, indicate current accreditations held by the National Association of Boards of Pharmacy regarding its Verified Accredited Wholesale Distributor (VAWD) program or its Verified Internet Pharmacy Practice Sites (VIPPS) program.

Please feel free to contact me at (802) 828-2875 or via email at carla.preston@sec.state.vt.us if you have questions or need additional information. Our fax number is (802) 828-2389. For additional information regarding the complaint/disciplinary process you may visit our website at https://www.sec.state.vt.us/professional-regulation.aspx.

Sincerely,

Carla Preston

Carla Preston
Case Manager

VERMONT

Katie Sullivan
katie.sullivan@kirkland.com

Lori Sheehan

From: Preston, Carla <Carla.Preston@vermont.gov>
Sent: Monday, November 30, 2020 8:00 AM
To: Lori Sheehan
Cc: Preston, Carla
Subject: RE: Docket No 2016-576

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Lori,
There has been no action regarding this matter; it remains pending at this time. I apologize for the delay in responding as I've been on leave.
Best, Carla

Carla Preston
Case Manager
(802) 828-2875
https://sos.vermont.gov/

PLEASE NOTE THAT MY EMAIL ADDRESS HAS CHANGED.
My new address is: carla.preston@vermont.gov

OPR staff is working remotely due to COVID-19.
Please note that the office is closed to the public at this time.

From: Lori Sheehan <loris@revivalanimal.com>
Sent: Friday, September 4, 2020 9:51 AM
To: Preston, Carla <Carla.Preston@vermont.gov>
Subject: FW: Docket No 2016-576

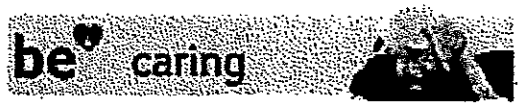
EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.
Good Morning Carla,

I wanted to check in on the current open investigation on our pharmacy. Could you provide any updates on the board's decision for docket number 2016-576?

Thank you for your time.

Lori Sheehan, Pharm. D.
Pharmacist In Charge
Revival Animal Health
PHARMACY
1700 Albany Place SE | Orange City, IA 51041
Phone 712-737-5555 ext. 852 | Fax: 877-335-2680
www.revivalanimal.com

loris@revivalanimal.com



This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the systems manager, Bret Krosschell, at Revival Animal Health, Inc. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the company. Finally, the recipient should check this email and any attachments for the presence of viruses. The company accepts no liability for any damage caused by any virus transmitted by this email.

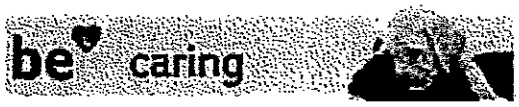
From: Lori Sheehan
Sent: Tuesday, July 9, 2019 2:49 PM
To: carla.preston@sec.state.vt.us
Subject: Docket No 2016-576

Hello Carla,

I am writing to check in on an open investigation on our pharmacy. The docket number is 2016-576. Can you tell me if this is still an open case or if the legal department is still looking into this. The letter I have from Vermont is from February 13,2017. I thought I would check in on the progress of our case.

Thank you,

Lori Sheehan, Pharm. D.
Pharmacist In Charge
Revival Animal Health
PHARMACY
1700 Albany Place SE | Orange City, IA 51041
Phone 712-737-5555 ext. 852 | Fax: 800-734-4750
www.revivalanimal.com
loris@revivalanimal.com



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Adeia Services

March 5, 2021

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

RE: Revival Animal Health, Inc. (Permit #:PH02682) Change of Ownership and Name

Dear Sir or Madam:

Please be advised the above-mentioned entity (the "Pharmacy") is undergoing a change of ownership. The entity is also undergoing a conversion from a corporation to a limited liability company and a related name change to Revival Animal Health, LLC in connection with the change of ownership. This conversion and name change will not change the Federal Employer Identification Number, also known as Tax ID.

The anticipated effective date of the conversion, name change and change of ownership is on or about April 5, 2021.

No changes will be made with respect to the Pharmacy's storage of patient records, prescription files, or other business records. Upon completion of the transaction, operations of the Pharmacy will continue substantially unchanged from its current operations.

Should you require additional documentation or have any questions, please contact me at erik.heikkenen@adeiaservices.com or (719) 640-8792. Thank you, in advance, for your assistance with this matter.

Sincerely,

Erik J. Heikkenen
Principal Consultant

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Lori A. Sheehan

Date: 08/25/2021
Amount:
License #: 21041

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/25/2022

Lori A. Sheehan

License #
21041
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 02/25/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21041

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Lori A. Sheehan

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Briana D. Van Noort

Date: 08/25/2021
Amount:
License #: 21040

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/25/2022

Briana D. Van Noort

License #
21040
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21040

Expires: 02/25/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Briana D. Van Noort

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

12

12A

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** 01470

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*

*Ownership Correction and Grandparent ownership change- please see attached Flash

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MedQuest Pharmacy, Inc.

Physical Address: 669 West 900 North North Salt Lake, UT 84054

Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: (801) 294-1400 Fax: (866) 373-2979

√ Toll Free Number: (888) 222-2956 (Required per NAC 639.708)

E-mail: MQP@slsny.com Website: www.mqrx.com

Managing Pharmacist: Reuben Kenrick Nielsen License Number: 336267-1701

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

Jeffery R Bray

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

Jeffery Rex Bray

Print Name of Authorized Person

4/5/2021

Date

Board Use Only Date Processed:_____ Amount: $500 check # 80859

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Innovations Group, Inc. 100% Owner - UpHealth Inc. 100% Granparent Owner

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, Attorney-In-Fact

For any corporation non publicly traded, disclose the following:

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

a) Innovations Group-is 100 % the sole owner (Name) 669W 900N, North Salt Lake, Utah 84054 (Address)

b) _____ (Name) _____ (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. N/A-Innovations Group is 100% the sole Owner

3) What was the price paid per share? N/A-Innovations Group is 100% the sole Owner

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

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

Sunday Closed am _____ pm 24 Hours N/A

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jeffery Rex Bray

Responsible Person of MedQuest Pharmacy, Inc.

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

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

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

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

Jeffery Rex Bray
Print Name of Authorized Person

4/5/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
) ss.
Davis COUNTY)

I, Jeffery Rex Bray, 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/ CEO for MedQuest Pharmacy, 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, Jeffery Rex Bray, 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
5th day of April, 2021.

NOTARY PUBLIC

RJ EVANS
Notary Public - State of Utah
Comm. No. 701135
My Commission Expires on
Jul 2, 2022

Flash Notice + Organizational Chart.

From: compliance@slsnysupport.com
Subject: MedQuest Pharmacy, Inc. - Notice of Correction of Ownership and Change of Grandparent Ownership
Date: March 23, 2021 at 1:07 PM
To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Date: March 23, 2021
To: Nevada State Board of Pharmacy
Re: MedQuest Pharmacy, Inc., 669 West 900 North, North Salt Lake, UT 84054, Permit #: PH01470

Dear Licensing Authority:

State License Servicing, Inc. represents MedQuest Pharmacy, Inc. in the servicing of their state licenses. This letter shall serve as notice of a direct parent ownership correction for MedQuest Pharmacy, Inc. Applications had previously listed the grandparent / ultimate owner (Jeffery Rex Bray 90% and Jacque Neilson Butler 10%) instead of the direct parent. The actual direct parent is and has been Innovations Group, Inc. (IGI), a holding group, that is ultimately owned 90% by Jeffery Rex Bray and 10% by Jacque Neilson Butler.

Additionally, this flash serves as advance notice of a change of ***Grandparent Ownership***. Effective on or about April 27, 2021, MedQuest Pharmacy Inc.'s new ***Grandparent Ownership*** will be UpHealth Inc. a soon to be publicly owned company, as a result of a merger between UpHealth Holdings Inc., Cloudbreak Health and GigCapital2. Please note that IGI will remain the actual direct parent of MedQuest Pharmacy, Inc.

In spite of the above correction and change, please be advised that the controlling ownership for MedQuest Pharmacy Inc. sits and has always sat with Jeffery Rex Bray and Jacque Neilson Butler, and that has been constant until now. A pre and post organizational chart is attached for your reference.

Please advise if this notification will effectuate this correction of direct parent ownership and change of **Grandparent** ownership or if your state requires any additional forms, filings and associated fees.

If you need any additional information, please feel free to call or email me at the address below.

Kind Regards,

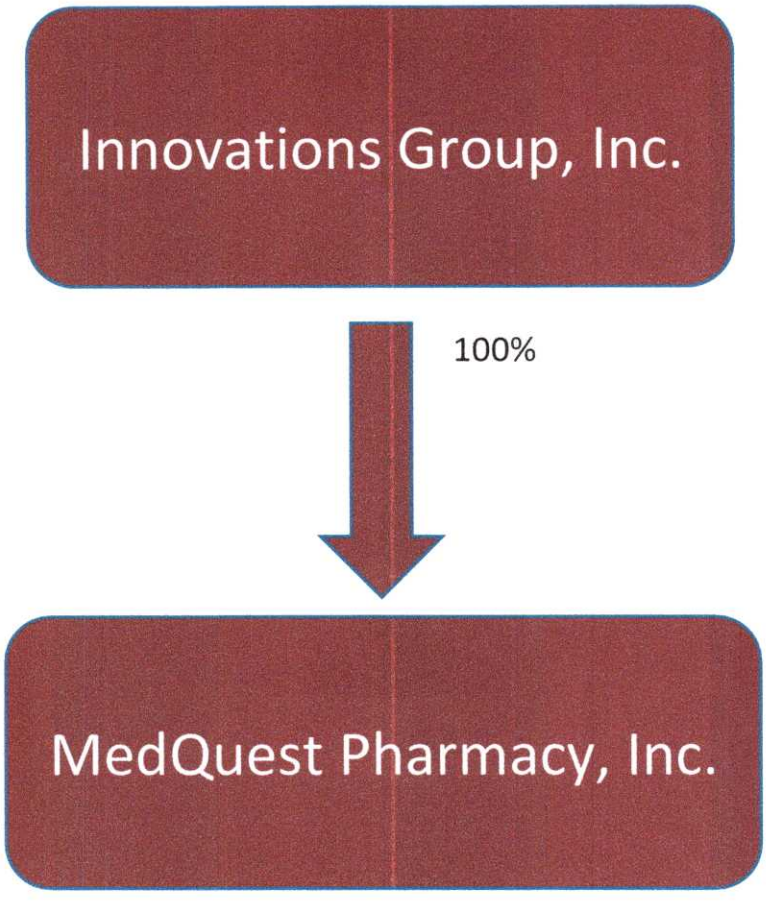
Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slsny.com

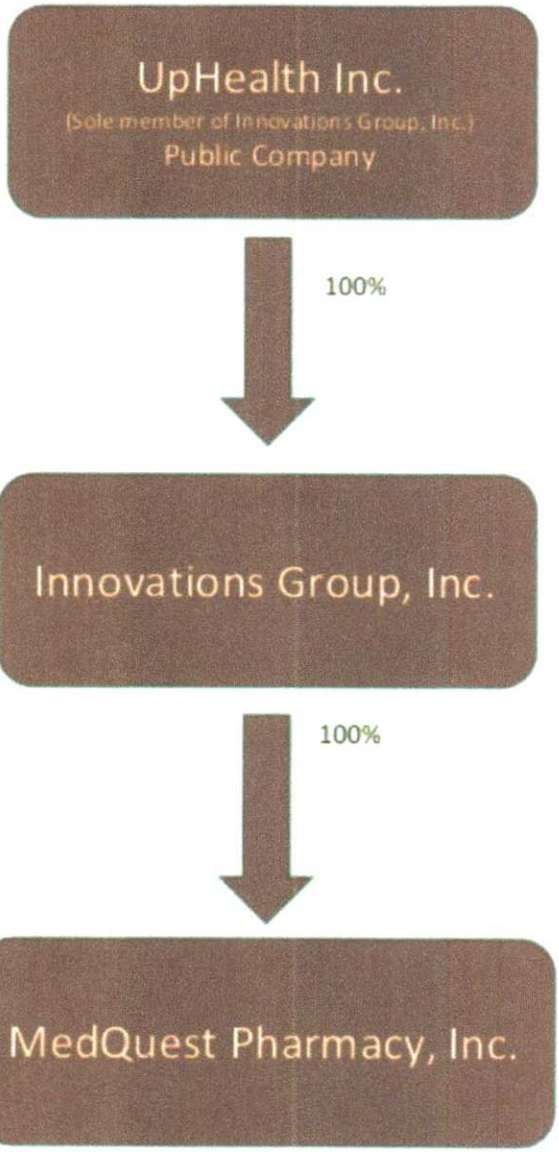
THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENT IS CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR INDIVIDUALS NAMED ABOVE.

Click Here to Respond to this Email

MEDQUEST

MEDQUEST PHARMACY




UpHealth Inc.
(Sole member of Innovations Group, Inc.)
Public Company
100%
Innovations Group, Inc.
100%
MedQuest Pharmacy, Inc.

MedQuest Pharmacy, Inc.

Corporate Address: 669 W. 900 N., North Salt Lake, UT 84054 USA
FEIN: 87-0564907
www.mqrx.com

Drug Labeler Code:
Incorporation State: DE
Incorporation Date: 8/20/1996

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
NSL	669 West 900 North North Salt Lake, UT 84054 County: Davis	N/A	BM5150420		No	(801) 294-1400	(866) 373-2979

PHARMACISTS IN CHARGE

Name	Address	Title	Prescribing Authority	
Hali Dawn O'Malley	669 West 900 North North Salt Lake, UT 84054	Pharmacy Compliance Director/Pharmacist in Charge		*AK, AZ, CA, CO, CT, DC, DE, FL, GA, NM, SD, VT, WA, WI, WY, ID, LA, OR, VA, WV, TN, UT, KY, IA, MA, ME*
Reuben Kenrick Nielsen	[redacted] S. 1080 E. Murray, UT 84121	Staff Pharmacist	No	*ND, NV, NJ, NY, NH, OH, PA, RI, SC, AL, AR, OK, TX, MD, MI*
Laila Jennifer Brewster	[redacted] W 1875 S Apt [redacted] Woods Cross, UT 84010	Pharmacist in Charge	No	*NE, KS, MS*
Benjamin Lloyd Blanchard	[redacted] S. Dune Grass Dr. South Jordan, UT 84095	Pharmacist in Charge		*HI, IL, IN, MN, MO, MT, NC*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Innovations Group, Inc.	669 W 900 N North Salt Lake, UT 84054		100%	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Jeffery Rex Bray	[redacted] South 400 East [redacted] Salt Lake City, UT 84111	President, CEO	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
National Registered Agents, Inc.
InCorp Services, Inc.
The Incorporators Ltd.

Disciplinary History: LA 2007, OK 2009, HI 2010, HI 2013, CO 2012, ME 2012, ME 2015, TX 2013, MI 2013, AL 2016, IL 2019

Consumer Protection
2633

UT- HS -Good 2634 Steady

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

04/05/2021
1411527-014304052021-3392909

CERTIFICATE OF EXISTENCE

Registration Number:	1411527-0143
Business Name:	MEDQUEST PHARMACY, INC.
Registered Date:	June 11, 1998
Entity Type:	Corporation - Foreign - Profit
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

Incorp Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDQUEST PHARMACY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDQUEST PHARMACY, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF AUGUST, A.D. 1996.

Jeffrey W. Bullock, Secretary of State

2654944 8300

SR# 20211171106

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

Authentication: 202897334

Date: 04-05-21

DEA Registration

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM5150420	01-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-08-2020

MEDQUEST PHARMACY INC
669 W 900 N
NORTH SALT LAKE, UT 84054-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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BM5150420	01-31-2024	$888

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Form DEA-223 (9/2016)

Inspection report 2637

State of Utah
Department of Commerce

Division of Occupational and Professional Licensing
160 E 300 S
P.O. Box 146741
Salt Lake City, Utah 84114-6741
Email:
Telephone: (801) 530-6628
Toll Free in Utah: (866) 275-3675
Investigation Fax: (801) 530-6301
Website:

NON STERILE COMPOUNDING

INSPECTION

☐ New Opening ☑ Regular

INFORMATION

Pharmacy Name: MedQuest Pharmacy Inc — Date: 10 / 23 / 2020

Pharmacy License Number: 9677498-1703 — Expiration Date: 09 / 30 / 2021

Controlled Substance License Number: 9677498-8913 — Expiration Date: 09 / 30 / 2021

DEA Registration Number: BM5150420 — Expiration Date: 01 / 31 / 2021

Pharmacist-in-Charge (PIC): Hali Dawn O'Malley

Pharmacist-in-Charge License Number: 7096495-1701 — Expiration Date: 09 / 30 / 2021

Compounding Facilities engaged in simple, moderate or complex non-sterile or any level of sterile compounding activities shall be required to maintain proper records and procedure manuals and establish quality control measures to ensure stability, equivalency where applicable and sterility. The following requirements shall be met:(a)Shall follow USP-NF Chapter 795, compounding of non-sterile preparations, and USP-NF Chapter 797 if compounding sterile preparations [UAC R156-17b-614a (3)]

GENERAL OPERATIONS AND INFORMATION

	Yes	No	
1.	☑	☐	Compounders shall acquire and maintain knowledge and skills in all areas (e.g., dosage form, patient population, and medical specialty) for which they compound. [USP-NF Chapter 795—*Categories of Compounding*]
2.			Which categories of compounding does the facility perform?
	☑	☐	Simple- Making a preparation that has a *United States Pharmacopeia (USP)* compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability date for that formulation with appropriate BUDs; or reconstitution or manipulation commercial products that may require the addition of one or more ingredients as directed by the manufacturer. Examples include *Captopril Oral Solution*, and *Indomethacin Topical Gel*, and *Potassium Bromide Oral Solution, Veterinary*. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
	☑	☐	Moderate- Making a preparation that requires special calculations or procedure (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units; or making a preparation for which stability data for that specific formulation are not available. Examples include *Morphine Sulfate Suppositories*, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
	☐	☑	Complex- Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
3.	☑	☐	The preparation, mixing, assembling, altering, packaging, and labeling of a drug, drug-delivery device, or device is in accordance with a licensed practitioner's prescription, medication order, or initiative based upon the practitioner/patient/pharmacist/compounder relationship in the normal course of professional practice[USP-NF Chapter 795—*Definitions—Compounding]*
4.	☐	☑	Does the facility compound nonsterile prescriptions which are then delivered to a practitioner for administration to the patient in the office, clinic or facility?

COMPOUNDING **INSPECTION**

	Yes	No	
5.	☐	☑	A pharmacy licensed under this chapter may, subject to rules established by the Division, repackage or compound a prescription drug for sale to a practitioner if: the prescription drug: does not include a compounded drug; or includes a compounded drug; and is not a controlled substance; the pharmacy labels the prescription drug "for office use only"; the practitioner administers the drug to a patient in the practitioner's office or facility; and except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient. [UCA 58-17b-624(1)(a)(i)(ii)(A)(B)(b)(c)(d)] Pursuant to Section 58-17b-624, a pharmacy may repackage or compound a prescription drug for sale to a practitioner for office use provided that it is in compliance with all applicable federal and state laws and regulations regarding the practice of pharmacy, including, but not limited to the Food, Drug, and Cosmetic Act, 21 U.S.C A § 301 et seq. [R156-17b-624]
6.	☐	☑	Does the facility distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?
7.	☐	☑	Does the facility have a sales force that distributes samples containing active ingredients? List.
8.	☐	☑	Does the facility provide nonsterile compounded preparations to other pharmacies for dispensing?
9.	☑	☐	What does the facility compound? ☑ Tablets ☑ Liquids ☑ Troches ☑ Ointments ☑ Capsules ☐ Lozenges ☑ Creams ☑ Suppositories ☐ Patches ☐ Sprays ☐ Powders ☐ Oral Pastes ☐ Transdermals ☐ _____ ☐ _____ ☐ _____
10.	☐	☑	Does the facility compound vitamins or nutritional supplements? List.
11.	☐	☑	Does the facility compound investigational drugs? List.
12.	☑	☐	The facility does not prepare a prescription drug in a dosage form which is regularly and commonly available from a manufacturer in quantities and strengths prescribed by a practitioner. [UCA 58-17b-502 (13)]
13.	☑	☐	Does the facility perform compounding with hazardous drugs?
14.	☑	☐	Does the facility segregate hazardous drugs from normal compounding stock?
15.	☑	☐	MSDSs shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facilities premises. Employees should be instructed on how to retrieve and interpret needed information. [USP-NF Chapter 795—*Compounding Documentation—Material Safety Data Sheets File*]
16.	☑	☐	Does the facility make nonsterile compounded preparations using bulk powder active pharmaceutical ingredients?
17.	☑	☐	All significant procedures preformed in the compounding area should be covered by written standard operating procedure (SOPs). Implementing SOPs establishes procedural consistency and also provides a reference for orientation and training of personnel. To ensure accountability, accuracy, quality, safety and uniformity in compounding procedures should be developed for the following: [USP-NF Chapter 795—*Compounding Documentation—Standard Operating Procedures*] ☑ Facility ☑ Equipment ☑ Personnel ☑ Packaging ☑ Storage ☑ Preparation
18.	☑	☐	A *United States Pharmacopeia (USP), National Formulary (NF), or Food Chemical Codex (FCC)* substance is the recommended source of all ingredients for compounding all preparations. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(1)*]
19.	☑	☐	Bulk active ingredients must be procured from a facility registered with the federal Food and Drug Administration and must not be listed on the federal Food and Drug Administration list of drug products withdrawn or removed from the market for reasons of safety or effectiveness. [R156-17b-614a (3)(c)(i)(ii)]

20. ☑ ☐ Bulk containers are labeled with appropriate Occupational Safety and Health Administration (OSHA) hazard communication labels (see OSHA.gov), and Material Safety Data Sheets (MSDSs) are available to compounding personnel for all drugs and chemicals used in compounding. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (3)*]

BEYOND USE DATING

21. ☑ ☐ All components used in the compounding of preparations must be store as directed by the manufacturer or according to *USP*, *NF*, or *FCC* monograph requirements, in a clean area, and under appropriation temperatures and humidity conditions (controlled room temperature, refrigerator, or freezer). [USP-NF Chapter 795—*Component Selection, Handling, and Storage (11)*]

22. ☑ ☐ For components that do not have expiration dates assigned by the manufacture or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt, to the component (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date)* based on the nature of the component and its degradation mechanism, the container in which it is packaged, and the storage conditions. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(6)*]

23. ☑ ☐ If the component has been transferred to a different container, that container shall be indentified with the component name, lot or control number, transfer date, and expiration date and shall provide integrity that is equivalent to or better than that of the original container. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(5)*]

24. ☑ ☐ The compounder shall ensure that the container and container closures used in packaging compounded preparations meet *USP* requirements (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Containers; Containers—Glass* <660>; *Containers—Plastics*<661>; *Containers—Performance Testing* <671>; Chapter <681>; Chapter <1136>; *Packaging Practice—Repackaging a Single Solid Oral Drug Product into a Unit-Dose Container*<1146>); and when available, compounding monographs. Compounders are not expected to perform the tests described in these chapters but should be knowledgeable about the stands described in them. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

25. ☑ ☐ The containers and closures shall be stored off the floor, handled and stored to prevent contamination, and rotated so that the older stock is used first. The containers and container closures shall be stored in such a way as to permit inspection and cleaning of the storage area. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

26. ☑ ☐ The BUD is the date after which a compounded preparation shall not be used and is determined from the date when the preparation is compounded. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating*]

27. ☑ ☐ The beyond use date assigned shall be based on currently available drug stability information and sterility considerations or appropriate in-house or contract service stability testing. [R156-17b-614a (3)(g)]

28. ☑ ☐ Sources of drug stability information shall include the following: [R156-17b-614a (3)(g)(i)(A)(B)(C)]
☑ References can be found in "Trissel's Handbook on Injectable Drugs", 17th Edition, October 31, 2012 ☑ Manufacturer recommendations ☑ Reliable, published research

29. ☑ ☐ These maximum BUDs (shown below) are recommended for nonsterile compounded drug preparations in the absence of stability information that is applicable to a specific drug or preparation. The BUD shall not be later than the expiration date on the container of any component. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating—General Guidelines for Assigning Beyond-Use Dates*]
BUDs for Nonaqueous Formulations—The BUD is not later that the time remaining until the earliest expiration date of any API or 6 months, whichever is earlier.

☑ ☐ BUDs for Water-Containing Oral Formulations—The BUD is not later than 14 days when stored at controlled cold

temperatures.

☑ ☐ BUDs for Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations—The BUD is not later than 30 days.

30. ☑ ☐ These maximum BUDs recommended for nonsterile compounded drug preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature, unless otherwise indicated; and for sterile preparations for which a program of sterility testing is in place (see *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling).* [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating—General Guidelines for Assigning Beyond-Use Dates*]

ENVIRONMENT

31. ☑ ☐ Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide the orderly placement of equipment and materials to prevent mixups among ingredients, containers, labels, in-process materials and finished preparations and is designed, arranged and used to prevent adventitious cross-contamination. [USP-NF Chapter 795—*Compounding Facilities*]

32. ☑ ☐ Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Chapter <797>, *Environmental Quality and Control*). [USP-NF Chapter 795—*Compounding Facilities*]

33. ☑ ☐ Compounding is done in an appropriately clean and sanitized area dedicated to this activity (see section *Compounding Facilities*). [USP-NF Chapter 795—*Compounding Process—Criteria When Compounding Each Drug Preparation (4)*]

34. ☑ ☐ Only one preparation is compounded at one time in a specific workspace. [USP-NF Chapter 795—Compounding Process—*Criteria When Compounding Each Drug Preparation (5)*]

35. ☑ ☐ The entire compounding and storage area should be well lighted. [USP-NF Chapter 795—*Compounding Facilities*]

36. ☑ ☐ Heating, ventilation, and air conditioning systems shall be controlled to avoid decomposition and contamination of chemicals (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Storage Temperature and Humidity;* and the manufacturers' labeled storage conditions). [USP-NF Chapter 795—*Compounding Facilities*]

37. ☑ ☐ Potable water shall be supplied for hand washing and equipment washing. *Purified Water* (see *Purified Water* monograph) shall be used for compounding nonsterile preparations when formulations indicate the inclusion of water. *Purified Water* should be used for rinsing equipment and utensils. [USP-NF Chapter 795—*Compounding Facilities*]

38. ☑ ☐ Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. [USP-NF Chapter 795—*Compounding Facilities*]

39. ☑ ☐ Disposal of all hazardous drugs wastes shall comply with all applicable federal and state regulations. All personnel who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs shall be trained in appropriate procedure to protect themselves and prevent contamination. [USP-NF Chapter 795—*Compounding Facilities*]

TRAINING

40. ☑ ☐ Personnel are appropriately trained and are capable of performing and qualified to perform their assigned duties. Such training should be documented. Compounding personnel should be evaluated annually. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (1), Training*]

41. ☑ ☐ All employees involved in pharmaceutical compounding shall read and become familiar with the chapter (USP-NF Chapter 795). They should also become familiar with the contents of the *USP Pharmacists' Pharmacopoeia* and other relevant publications, including how to read and interpret MSDSs. [USP-NF Chapter 795—*Training*]

42. ☑ ☐ All employees shall read and become familiar with each of the procedures related to compounding, including

those involving the facility, equipment, personnel, actual compounding, evaluation, packaging, storage, and dispensing. [USP-NF Chapter 795—*Training*]

COMPOUNDING EQUIPMENT

43. ☑ ☐ All equipment used in compounding is clean, properly maintained, and used appropriately. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (4)*]

44. ☑ ☐ Equipment shall be stored to protect it from contamination and shall be located to facilitate its use, maintenance and cleaning. Automated, mechanical, electronic, and other types of equipment used in compounding or testing of compounded preparations shall be routinely inspected, calibrated as necessary, and checked to ensure proper performance. Immediately before compounding operations, the equipment shall be inspected by the compounder to determine its suitability for use. After use, the equipment shall be appropriately cleaned. [USP-NF Chapter 795—*Compounding Equipment*]

DOCUMENTATION

45. ☑ ☐ A master worksheet shall be developed and approved by a pharmacist for each batch of sterile or non-sterile pharmaceuticals to be prepared. Once approved, a duplicate of the master worksheet shall be used as the preparation worksheet from which each batch is prepared an on which all document for that batch occurs. The master worksheet may be stored electronically and shall contain at a minimum: [UAC R156-17b-614a (3)(d)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(A-D)(ix)(A-D)(x)(xi)(xii)(xiii)]

- ☑ Official or assigned name
- ☑ Calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients
- ☑ Equipment needed to prepare the preparation
- ☑ Container used in dispensing
- ☑ Quality control procedures and expected results
- ☑ Description of final preparation
- ☑ Strength
- ☑ Description of all ingredients and their quantities
- ☑ Mixing instructions, which shall include: order of mixing, mixing temperature or other environmental controls, duration of mixing, and other factors pertinent to the replication of the preparation as compounded
- ☑ Packaging and storage requirements
- ☑ Dosage form of the preparation
- ☑ Compatibility and stability information, including references when available
- ☑ Sample labeling information, which shall contain, in addition to legally required information: generic name and quantity or concentration of each active ingredient, assigned beyond use date, storage conditions, and prescription or control number, whichever is applicable

46. ☑ ☐ A preparation worksheet for each batch of sterile or non-sterile pharmaceuticals shall document the following: [UAC R156-17b-614a (3)(e)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(ix)(x)(xi)(xii)(A-D)(xiii)(A,B,C,D)(I-III)(xiv)(xv)(xvi)]

- ☑ Official or assigned name
- ☑ Names and quantities of all components
- ☑ Name of the person who prepared the preparation
- ☑ Date of the preparation
- ☑ Proof of duplicate labeling information, which shall: be kept at the pharmacy, be immediately retrievable; include an audit trail for any altered form, and be reproduced in: the original format that was dispensed, and electronic version, or a scanned electronic version
- ☑ Strength and dosage of the preparation
- ☑ Sources, lot numbers, and expiration dates of components
- ☑ Name of the compounder who approved the preparation
- ☑ Assigned control number, if for anticipation of use or prescription number, if patient specific, whichever is applicable
- ☑ Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver
- ☑ Description of final preparation
- ☑ Master Formulation Record reference for the preparation
- ☑ Total quantity compounded
- ☑ Name of the person who performed the quality control procedures
- ☑ Duplicate label as described in the Master Formulation Record means the sample labeling information that is dispensed on the final product given to the patient and shall at minimum contain: active ingredients, beyond-use-date, storage conditions, and lot number
- ☑ Results of quality control procedures (e.g., weight range of filled capsules, pH of aqueous liquids)

47. ☑ ☐ Compounding records including the master worksheet, preparation worksheet, and prescription files, including refill information shall be maintained for a minimum of five years and be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

48. ☑ ☐ There shall a documented, ongoing quality control program that monitors and evaluates personnel performance, equipment and facilities that follow USP-NF Chapters 795 and 797 standards. [R156-17b-614a (3)(h)]

COMPOUNDING PROCEDURES

49. ☑ ☐ Only authorized personnel are allowed in the immediate vicinity of the compounding operations. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding(6)*]

50. ☑ ☐ Personnel engaged in compounding maintain good hand hygiene and wear clean clothing appropriate to the type of compounding performed (e.g., hair bonnets, coats, gowns, gloves, face masks, shoes, aprons, or other items) as needed for protection of personnel from chemical exposures and for preventions of drug contamination. [USP-NF Chapter 795—*Compounding Process—Criteria When Compounding Each Drug Preparation (8)*]

51. ☑ ☐ Critical processes (including but not limited to weighing, measuring, and mixing) are verified by the compounder to ensure that procedures, when used, will consistently result in the expected qualities in the finished preparation. [USP-NF 795—*Compounding Process—Criteria When Compounding Each Drug Preparation*]

52. ☑ ☐ **LABELING OF FINISHED PREPARATIONS**

The label of each batch prepared of sterile or non-sterile pharmaceuticals shall bear at a minimum: [UAC R156-17b-614a (3)(g)(i)(ii)(iii)(iv)(v)(vi)]

- ☑ The unique lot number assigned to the batch
- ☑ Beyond use date and time, when applicable
- ☑ all solution and ingredient names, amounts, strengths and concentrations, when applicable
- ☑ Device-specific instructions, where appropriate
- ☑ Quantity
- ☑ Appropriate ancillary instructions, such as storage instructions or cautionary statements, including cytotoxic warning labels where appropriate

PRESCRIPTION LABELING

53. ☑ ☐ All prescription labels for compounded sterile and non-sterile medications when dispensed to the ultimate user or Agent shall bear at a minimum in addition what is required in Section 58-17b-602 the following: [UAC R156-17b-614a (3)(h)(i)(ii)(iii)]

- ☑ generic name and quantity or concentration of each active ingredient. In the instance of a sterile preparation for parenteral use, labeling shall include the name and base solution for infusion preparation;
- ☑ assigned compounding record or lot number; and
- ☑ "This is a compounded preparation" or similar language.

PATIENT COUNSELING AND COMMUNICATION

54. ☑ ☐ At the time of dispensing the prescription, the patient or the patient's agent shall be counseled about proper use, storage, handling, and disposal of the compounded preparation. The patient or the patient's agent shall also be instructed to report any adverse event and to observe and report to the compounder any changes in the physical characteristics of the compounded preparation (see Chapter <1191>, *Responsibility of the Pharmacist*). The compounder shall investigate and document any reported problem with a compounded preparation and shall take corrective action. [USP-NF Chapter 795—*Patient Counseling*]

VETERINARY COMPOUNDING

55. ☐ ☑ Does the facility compound for veterinary use?

56. ☐ ☑ If compounding for both humans and animals, are the API's or other components that are labeled for veterinary use only are segregated or marked in such way to prevent them from being used for human compounding?

57. ☐ ☑ The pharmacist shall be knowledgeable about the individual species' limitation in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used in compounded preparations. For this reason, compounders making preparations for animals should use, when possible, formulations specifically developed for animal patients. If such formulations are not available, the compounder shall conduct a literature review to determine whether a specific component of the formula is toxic to the target species. [USP-NF Chapter

795—*Compounding For Animal Patients]*

COMMENTS
(Use an additional sheet if necessary.)

4, 5) Pharmacy is not compounding for office use.

17) SOPs for pharmacy are compliant.

38, 39) Pharmacy has documented training for hazardous drugs for compounding personnel.

40) Pharmacy has documented training for compounding personnel.

45, 46) Master Formulation Records and Compounding Records are compliant.

48) Pharmacy has a documented ongoing quality control program.

50) Pharmacy has gowning for hazardous drugs.

55 - 57) Pharmacy is not compounding for animal use.

- Compounding lab has 16 hoods in the compounding lab. All are certified as of 09/2020.
- Compounding lab is treated as a hazardous lab.

COMPOUNDING **INSPECTION**

[X] By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ **Date of Signature:** 10 / 23 / 20

Signature of Division Investigator: _____ **Date of Signature:** 10 / 23 / 2020

Revised 6/2016

Current License.

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/21/2018
Amount: $ 525.00
License #: PH01470

MEDQUEST PHARMACY
669 West 900 North
North Salt Lake UT 84054

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacy
Expires:10/31/2022
MEDQUEST PHARMACY
669 West 900 North
North Salt Lake UT 84054

License #
PH01470
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacy

License Type: Pharmacy
License #: PH01470

Expires: 10/31/2022
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Managing Pharmacist :

MEDQUEST PHARMACY
669 West 900 North
North Salt Lake UT 84054

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 09/23/2020.

Discipline Summary

MEDQUEST PHARMACY
669 W 900 N, North Salt Lake, UT 84054
P: 888.222.2956 | F: 866.373.2979
www.mqrx.com

March 30, 2021

Re: MedQuest Change of Ownership
History of MedQuest Disciplinary Actions

This letter accompanies MedQuest Pharmacy's request for change of ownership and contains a description of all disciplinary actions MedQuest has had. The attached tables list disciplinary actions by various states dating back to 2007. Exhibit 1 is a list of all disciplinary actions with descriptions of the basis for each action. Exhibit 2 is a list of original state actions (first column) and the other states that filed piggyback (reciprocal) actions based on the actions of the original states.

This "Infinity of Mirrors," results from reporting state actions and then being subject to other states' disciplinary actions. In this case, disciplinary actions that arose in 2007 and 2009 continued to reflect and to engender new reciprocal actions through 2019. This situation has been terribly frustrating because no matter how fastidiously MedQuest operates, it can be subject to discipline based on actions from the distant past. We hope the long trail of reciprocal actions is finally at an end.

I. INTRODUCTION AND BACKGROUND

MedQuest has received disciplinary actions from several boards of pharmacy over the last 14 years. But there have been few *substantive* actions and no state has ever claimed patients were put at risk. Rather, most of the actions were reciprocal or, similarly, inadvertently not disclosing actions in a timely manner.

The first substantive action was in 2007 when MedQuest let its license lapse at the end of 2006 because its Louisiana-licensed pharmacist left. MedQuest entered a consent agreement and paid a fine. The next substantive problem occurred in 2009 because MedQuest was not aware that an Oklahoma agency, separate from the Board of Pharmacy required a license for controlled substances (i.e., the Oklahoma BNDD). MedQuest entered a Stipulated and Agreed Order in 2009. In 2012, Colorado admonished MedQuest for not submitting "zeros" to its PDP database for ten days which turned out to be more of a problem with Colorado not being able to receive the data in the format provided rather than MedQuest not sending data. Finally, in 2015, MedQuest notified Maine by email prior to its PIC change. However, Maine fined MedQuest for not notifying the Board in writing and applying for a new license within 7 days of that change. MedQuest is licensed and in good standing in all of these states.

The remaining actions resulted from the "Infinity of Mirrors" because a substantive sanction from many years ago continues to reflect back and different boards raised issues about the original case. These follow-on actions include: (i) a state claiming these events were not timely reported (e.g., Hawaii issued a fine for not reporting within 30 days) or (ii) a state claiming that the Louisiana or Oklahoma action would have been a violation of that state's laws and then issuing a piggyback fine even though there was no separate claim for a violation related to residents of that state (e.g., Alabama in 2016 for settlements in 2007 (Louisiana), 2009 (Oklahoma), and 2012 (Maine for not reporting in 2007)). Despite MedQuest's substantial and

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continuing efforts to improve compliance and to foster a compliance mindset, these old disciplinary actions have continued to haunt MedQuest, at least through the beginning of 2019.

II. DISCIPLINARY ACTIONS

A chronological list summarizing all disciplinary actions against MedQuest and a summary of those actions that piggyback prior state board actions are attached as Exhibit 1 and 2 respectively.

A. MEDQUEST ACTIONS TO CREATE A COMPLIANCE CULTURE

Until 2010, MedQuest tried to keep up with all state reporting requirements with in-house personnel and on occasion failed to meet a deadline or to file a required application. After experiencing internal problems administering some state licensing requirements, MedQuest expended substantial effort and resources to be in compliance with state licensing and reporting laws. MedQuest replaced the individual responsible for compliance with several individuals who had extensive experience in creating a compliance team. MedQuest also outsourced the management of licensing and notifications to states when it retained State Licensing Services ("SLS"). Since hiring SLS, MedQuest has been better able to comply with the administrative requirements and deadlines in the states where it is licensed. MedQuest's compliance department works closely with SLS. Internally, MedQuest has instilled a compliance culture, which has resulted in fastidious attention to state and federal laws. But, there are still remnants of old matters that continue to plague MedQuest because those matters generally form the sole basis for state actions such as the most recent action in 2019 by Illinois, which was based solely on prior disciplinary actions by other states dating back to 2007.

Importantly, MedQuest has passed multiple inspections by Utah, which is a Blueprint State for the NABP's Multistate Pharmacy Inspection Blueprint Program. The reason for the most recent inspection on October 23, 2020, was that MedQuest had constructed a new state-of-the-art compounding facility to comply with anticipated changes to USP <800>.

A. DISCIPLINARY ACTIONS SUMMARIES

1. LOUISIANA Consent Order (2007)

Louisiana requires a non-resident pharmacy to employ at least one pharmacist licensed in Louisiana. The MedQuest Louisiana-licensed pharmacist left MedQuest's employment around the time of the Louisiana license renewal period at the end of 2006. This caused a delay in MedQuest processing its renewal application. Because of the internal administrative problems described above, MedQuest's license lapsed for a short period. As a result, MedQuest entered into a Consent Order on August 9, 2007, which included a letter of warning and a fine with administrative fees that totaled $5,250. MedQuest has had a license in good standing in Louisiana continually since the entry of the Consent Order.

2. OKLAHOMA Stipulation and Agreed Order (2009)

In February 2009, MedQuest entered into a Stipulation and Agreed Order with the Oklahoma Bureau of Narcotics and Dangerous Drug Control ("OBNDD") after it shipped about twenty-five prescriptions for testosterone into Oklahoma. The Stipulation and Order specifically recognized that MedQuest's lack of OBNDD registration was unintentional because

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it "mistakenly believed it was acting lawfully by having a pharmacy registration." MedQuest agreed to pay a $22,500 administrative penalty to resolve the case.

The Stipulation and Agreed Order was not with the Oklahoma Board of Pharmacy, but with the OBNDD. In Oklahoma, a pharmacy must obtain registration from a separate agency, the OBNDD, not the Board of Pharmacy, to dispense controlled substances. MedQuest's failure to obtain an OBNDD registration was due to the belief that the board of pharmacy would have provided the controlled substance license application if one had been necessary. As noted above, MedQuest replaced the personnel from 2009 with a new compliance team. MedQuest has been continually registered in good standing with the OBNDD since the 2009 Order.

3. *HAWAII Settlement Agreement (June 3, 2010)*

Prior to retaining SLS, the individual who oversaw state licenses for MedQuest believed MedQuest had to report adverse actions at the time of license renewal for each state. Hawaii requires a pharmacy to report any action by another pharmacy board within thirty days of the final action. MedQuest simply did not know about this short time frame and failed to notify Hawaii. Hawaii fined MedQuest $2,500 based on not reporting the Louisiana Board matter within thirty days. MedQuest has been continually registered in good standing with the Hawaii.

4. *COLORADO Letter of Admonition (July 3, 2012)*

The Colorado admonition resulted from a ten-day period (February 1, 2012 through February 10, 2012) when MedQuest had not been able to upload controlled substances data to Colorado's Prescription Drug Monitoring Program ("PDMP"). There were no allegations that MedQuest had not complied with the Colorado PDMP except for this short, ten-day period. MedQuest believed it had submitted data during this time, but apparently the files were submitted in an incompatible format. As a result, the Board of Pharmacy, through the Colorado Department of Regulatory Agencies ("DORA") admonished MedQuest without a fine. Each state's PDMP has different technical and administrative requirements, which sometimes cause a pharmacy to have submission problems in one state and not others. MedQuest continues to be licensed and in good standing in Colorado.

5. *MAINE Consent Agreement (2012 based on 2007 omission of reporting Louisiana Consent Agreement)*

The Consent Agreement between the Maine Board of Pharmacy and MedQuest Pharmacy was based on MedQuest not reporting the 2007 Louisiana Action on its Maine November 14, 2007 renewal application. On December 10, 2010, MedQuest made another application for a Maine pharmacy license. The Maine Board never alleged MedQuest failed to disclose the Louisiana disciplinary proceeding on the 2010 application. In fact, we believe the Maine Board discovered the Louisiana action from MedQuest's disclosure in its 2010 Maine application. Apparently, the Maine Board reviewed the 2007 and 2010 applications at its February 2, 2012 meeting. MedQuest agreed to a reprimand and to pay a $500 fine.

This 2012 fine by the Maine Board of Pharmacy reflected back to MedQuest not reporting the Louisiana Consent Order to Maine five years earlier in 2007. MedQuest has been licensed and in good standing in Maine since the 2012 Consent Agreement.

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6. TEXAS Agreed Board Order #L-12-027 (June 18, 2013)

The Texas Board of Pharmacy issued a Reprimand and fined MedQuest $1,000 for: (i) not reporting the Louisiana and Maine actions on its Texas license application in 2009 and (ii) the Maine Board of Pharmacy's action in 2012, which MedQuest had reported. Again, the Texas Board discovered the Louisiana action when MedQuest reported the Maine action, which in turn referenced the Louisiana action. MedQuest continues to be licensed and in good standing with Texas.

7. HAWAII Settlement Agreement (May 21, 2013)

This action relates back to the 2007 Louisiana discipline. When MedQuest timely reported the 2012 Maine action, Hawaii noticed the Maine action was based on the 2007 Louisiana action and fined MedQuest for not reporting the 2007 Louisiana fine. Prior to retaining SLS, the individual who oversaw state licenses for MedQuest believed MedQuest had to report adverse actions at the time of license renewal for each state. Hawaii requires a pharmacy to report any action by another pharmacy board within 30 days of the final action. MedQuest simply did not know about this short time frame and failed to notify Hawaii. Hawaii fined MedQuest $2,500. MedQuest replaced the personnel who did not notify Hawaii with a compliance team and SLS now manages such notifications. MedQuest has continually been licensed in good standing in Hawaii.

8. MICHIGAN (December 11, 2013)

The Michigan Board of Pharmacy issued a $500 fine against MedQuest because MedQuest had been subject to an administrative action in Louisiana, Colorado, and Maine. The basis for the fine was § 17768(2)(d) of the Michigan Public Health Code that allows the Michigan Board of Pharmacy to discipline a pharmacy owner if its "license or federal registration . . . has been subject to any other criminal, civil, or administrative penalty." MedQuest continues to be licensed in good standing in Michigan.

9. MAINE (October 6, 2015)

MedQuest changed its pharmacist-in-charge as of November 7, 2014. Three days prior to the change, November 4, 2014, MedQuest, through its agent State License Servicing, sent a letter to the Maine Board of Pharmacy by email. On November 6 and 7, MedQuest prepared a check and a new pharmacy application for Maine. However, the hard copy of the notification letter, check, and application were not sent to the Maine Board of Pharmacy until November 25, 2014. The Maine Board documented the package with these items as arriving on December 2, 2014. On October 9, 2015, MedQuest and the Maine Board of Pharmacy entered into a Consent Agreement for MedQuest not timely providing an application for a new license within 7 days of the PIC change, which included a warning and a $750 fine. The reason for the Consent Agreement is that Maine law requires pharmacies to notify the Maine Board by mail or fax no later than 7 days after a PIC change. 32 M.R.S. § 13753(l)(C). Maine rules require the pharmacy to file a new application by registered mail no later than 7 days after the PIC change. Board Rule Chapter 11, § 3. The Consent Agreement imposes a warning and fine for violation of the rule requiring a new application. Given that MedQuest notified the Maine Board of the PIC

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change prior to thechange date and prepared the application and check the same day as the PIC change, it was clear that MedQuest intended to inform the Maine Board of the PIC change. Unfortunately, the inadvertent mailing delay caused a regulatory violation. MedQuest has taken steps to make sure such a delay will not occur again. MedQuest continues to be licensed in good standing with Maine.

10. ALABAMA (October 6, 2016)

The Alabama Final Order is based solely on the Louisiana Consent Order, the Oklahoma Stipulation and Agreed Order, and the Maine Consent Agreement, which was itself based on the 2007 Louisiana Action. This reflection back to a 2007 action in Louisiana is maddening for a pharmacy that made a mistake, fixed the mistake, and yet continued to be sanctioned nearly a decade later. The Alabama Board of Pharmacy made no separate allegations of unprofessional or unlawful conduct.

11. Illinois (January 25, 2019)

MedQuest and the Illinois Division of Professional Regulation ("DPR") entered into a Consent Order effective January 25, 2019 under which MedQuest's license was reprimanded. The Illinois DPR did not fine MedQuest or otherwise restrict its nonresident pharmacy license and the license remains active. The reprimand is another reciprocal action based on same past actions by other state boards of pharmacy described above. The Consent Order specifically finds that MedQuest had self-reported those disciplinary actions and makes no allegations that any of the reporting to Illinois was untimely. The Consent Order does not allege nor find that MedQuest violated any Illinois laws separate from the behaviors that were the subject of other states' disciplinary actions. Those previous violations occurred as far back as 12 years ago before the Consent Order. MedQuest continues to be licensed in good standing with Illinois.

Sincerely,

Jeffery R. Bray
CEO MedQuest Pharmacy

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Exhibit 1

Chronological Summary of MedQuest Disciplinary Actions

State	Effective Date	Conduct Dates	Description of Violation	Final Disposition	Piggyback Action
LA	August 9, 2007	Early 2007	Dispensing prescriptions into Louisiana without a valid Louisiana permit after Louisiana PIC left MedQuest's employment	Consent Agreement containing: A Letter of Warning Fine of $5,000.00 Reimburse the Board $250.00 for administrative costs	
OK	February 11, 2009	July 2006 through April 2008	MedQuest dispensed testosterone cypionate into Oklahoma without a valid OBNDD permit because MedQuest "mistakenly believed it was acting lawfully by having a pharmacy registration."	Stipulation and Agreed Order containing: Administrative fine of $22,500	
HI	June 3, 2010	December 1, 2007	Failure to notify the Hawaii Board of Pharmacy of the Oklahoma disciplinary action (2009) within 30 days	Settlement Agreement prior to Filing of Petition containing: Administrative fine of $2,500	Yes
CO	July 3, 2012	February 1, 2012 through February 10, 2012	Pharmacy submitted files for "zero" controlled substances in an unapproved format for February 1, 2012 through February 10, 2012	Letter of admonishment	
ME	July 9, 2012	November 14, 2007	MedQuest did not disclose the 2007 Louisiana Consent Agreement in its 2007 renewal application. The Board discovered the action based on MedQuest's subsequent 2010 disclosure and took action in 2012.	Consent Agreement containing: Reprimand Civil penalty of $500	Yes
TX	June 18, 2013	April 3, 2009	MedQuest did not notify Board of Pharmacy about: (i) the Louisiana disciplinary action on its 2009 Texas renewal application and (ii) MQ was fined by Maine for not reporting Louisiana discipline from 2007.	Agreed Board Order #L-12-027 contained: Reprimand Administrative penalty of $1,000	Yes
HI	June 20, 2013	2007	When MedQuest timely notified Hawaii about the Maine discipline (which was based on 2007 Louisiana discipline), Hawaii fined MedQuest for not having timely reported the Louisiana discipline in 2007 within 30 days	Settlement Agreement prior to Filing of Petition containing: Administrative fine of $500	Yes
MI	December 11, 2013		Any administrative action by any other state is basis for discipline under section 17768(2)(d) of the Public Health Code (MQ had been sanctioned in LA, CO, and ME)	Consent Order and Stipulation contained: Fine of $500	Yes
ME	October 1, 2015	November 1, 2014	MedQuest notified the Maine Board of Pharmacy of its PIC change in four days before the change occurred, but did not send a Change of PIC Application within seven days.	Consent Agreement: Warning Civil Penalty of $750	
AL	September 9, 2016	Early 2007 (LA) July 2006 through April 2008 (OK) November 14, 2007 (ME)	The Alabama Board of Pharmacy fined MedQuest Pharmacy based on the fact that MedQuest was the subject of actions in Louisiana (2007), Oklahoma (2009), and Maine (2012)	Final Order: Administrative fine of $10,000	Yes
IL	January 15, 2019	Early 2007 (LA) July 2006 through April 2008 (OK) November 14, 2007 (ME) September 9, 2016 (AL) April 3, 2009 (TX)	The Illinois Board of Pharmacy fined MedQuest Pharmacy based on the fact that MedQuest had been the subject of actions in Louisiana (2007), Oklahoma (2009), and Maine (2012, 2015), Hawaii (2013), Texas (2013), Michigan (2013), and Alabama (2016)	Final Order: Reprimand	Yes

Exhibit 2
Piggyback (Reciprocal) Actions Taken by Boards Related to Other Boards' Actions

Original State	States that Filed Piggyback Action Related to Original State	Nature of Piggyback Action
Louisiana 2007	Maine 2012	Based on MedQuest not reporting Louisiana action on MedQuest's 2007 Maine renewal application
	Hawaii 2013	Based on MedQuest not reporting Louisiana action within 30 days of Louisiana settlement
	Texas 2013	Based on MedQuest not reporting Louisiana action on 2009 application
	Michigan 2013	Based on MedQuest having been subject to an administrative action in another state
	Alabama 2016	Based on MedQuest having action taken against it by LA, OK, and ME
	Illinois 2019	Based on MedQuest having action taken against it byagainst it by LA, OK, ME, TX, HI, and MI
Oklahoma 2009	Hawaii 2010	Based on MedQuest not notifying Hawaii within 30 days of final order
	Alabama 2016	Based on MedQuest having action taken against it by Oklahoma
	Illinois 2019	Based on MedQuest having action taken against it byagainst it by LA, OK, ME, TX, HI, and MI
Colorado 2012	Michigan 2013	Based on MedQuest having been subject to an administrative action in another state
Maine 2012	Texas 2013	Based on MedQuest having been subject of an action by Maine
	Michigan 2013	Based on MedQuest having been subject to an administrative action in another state
	Alabama 2016	Based on MedQuest having action taken again it by Maine
	Illinois 2019	Based on MedQuest having action taken against it byagainst it by LA, OK, ME, TX, HI, and MI
Hawaii 2013	Illinois 2019	Based on MedQuest having action taken against it byagainst it by LA, OK, ME, TX, HI, and MI
Texas 2013	Illinois 2019	Based on MedQuest having action taken against it byagainst it by LA, OK, ME, TX, HI, and MI
Michigan 2013	Illinois 2019	Based on MedQuest having action taken against it byagainst it by LA, OK, ME, TX, HI, and MI
Alabama 2016	Illinois 2019	Based on MedQuest having action taken against it byagainst it by LA, OK, ME, TX, HI, and MI

STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel, 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

Date: 04/05/2021

To: Nevada State Board of Pharmacy

Re: Change of Ownership Grandparent & Ownership Correction for MedQuest Pharmacy, Inc.

Facility Address: 669 West 900 North, North Salt Lake, UT 84054

Dear Sir/Madam:

Please be advised that I represent MedQuest Pharmacy, Inc. as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check number 80859 in the amount of 500.00 representing your filing fee. As required, the following documents are also being submitted:

- ☐ Fingerprint cards of _____
- ☐ Resume of _____
- ☐ Verification(s) of Licensure from _____

- ☑ Company Particulars with List of Officers
- ☐ Articles of incorporation/formation
- ☑ Certificate of Good Standing Homestake 3 Incorp
- ☐ Copy of Home State License
- ☑ List of current state licenses
- ☑ Inspection report for the facility
- ☑ Explanation of past disciplinary actions
- ☐ Facility floor plan
- ☐ Photographs of the facility
- ☐ Power of Attorney
- ☑ Other: Flash w/ Org chart
- ☑ Other: AL, CO, HI-2010, HI 2013, IL, LA, ME 2012, ME 2015, MI 2013, OK, TX Disciplie Summary.

- ☐ FDA
- ☑ Copy of DEA registration
- ☐ Notice of FEIN assignment
- ☐ Product listing
- ☐ Product labels
- ☐ Policies and procedures
- ☐ Insurance declaration page
- ☐ Proof of bond
- ☐ Other: _____
- ☐ Other: _____

If you have any questions or need any additional documentation, please do not hesitate to contact me.

Kind regards,

Jennifer Schneider
VP, Client Services
MQP@SLSNY.COM
(845) 544-2482

Details for MedQuest Pharmacy Inc

License Information

Name:	MedQuest Pharmacy Inc
City, State, Zip, Country:	North Salt Lake UT 84054 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class A
License Number:	9677498-1703
Obtained By:	Application
License Status:	Active
Original Issue Date:	01/29/2016
Expiration Date:	09/30/2021
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A
Controlled Substance License	Yes View Controlled Substance License

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at https://secure.utah.gov/bes/bes. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Laila J. Brewster

Date: 09/01/2021
Amount:
License #: 21090

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/01/2022

Laila J. Brewster

License #
21090
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 03/01/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21090

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Laila J. Brewster

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Reuben K. Nielsen

Date: 08/30/2021
Amount:
License #: 21049

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/01/2022

Reuben K. Nielsen

License #
21049
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 03/01/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21049

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Reuben K. Nielsen

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

12B

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: Optum Infusion Services 500, Inc

Physical Address: 4900 Rivergrade Rd Ste E120 Irwindale, CA 91706

Mailing Address: 4900 Rivergrade Rd Ste E120

City: Irwindale State: CA Zip Code: 91706

Telephone: 626-257-9770 Fax: 844-225-9056

Toll Free Number: 844-204-8053 (Required per NAC 639.708)

E-mail: orpharmlic@optum.com Website: www.optum.com

Managing Pharmacist: YATINKUMAR PATEL License Number: 62593 (CA) NV21172

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

DocuSigned by:
Karen Peterson
B3D1A64F7B4E418...

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

Karen Peterson
Print Name of Authorized Person

12/9/2020
Date

Processed 3/9/21

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: AxelaCare Holdings, Inc.

Mailing Address: 15529 College Blvd

City: Lenexa State: Kansas Zip: 66219

Telephone: 913-747-3700 Fax: 888-594-4844

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) N/A - Entity Owned
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100.0

3) What was the price paid per share? 0.010000

4) What date did the corporation actually receive the cash assets? 04/12/2013

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

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

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

Sunday - am - pm 24 Hours YES

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20181575547

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Karen Peterson

Responsible Person of Optum Infusion Services 500, 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.

DocuSigned by:
Karen Peterson
E307A64F764E918...
Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen Peterson
Print Name of Authorized Person

12/9/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Michigan)
) ss.
Genesee COUNTY)

I, YATINKUMAR PATEL, 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 OPTUM INFUSION SERVICES 500, 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, YATINKUMAR PATEL, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

DocuSigned by:
Yatinkumar Patel
E485269112664EB...
Name

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

Jessica Backmeier
NOTARY PUBLIC

Jessica Backmeier
Notary Public - State of Michigan
County of Genesee
My Commission Expires September 5, 2021
Acting in the County of Genesee

JESSICA BACKMEIER NOTARY PUBLIC GENESEE COUNTY, MI

DocuSign Envelope ID: E2079AA1-3009-4019-A741-8C27B84A6470

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

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 56783
RECEIPT NO. 00168529

VALID UNTIL NOVEMBER 01, 2021

OPTUM INFUSION SERVICES 500, INC
4900 RIVERGRADE RD STE E120
IRWINDALE CA 91706

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.

9/25/20
9/25/20 The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHPHY (09/30/19) P

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 56783

NAME: OPTUM INFUSION SERVICES 500, INC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

4900 RIVERGRADE RD STE E120
IRWINDALE CA 91706
LOS ANGELES COUNTY

ISSUANCE DATE

NOVEMBER 7, 2018

EXPIRATION DATE

NOVEMBER 1, 2021

CURRENT DATE / TIME

DECEMBER 3, 2020
10:27:54 AM

LICENSE RELATIONSHIPS

NAME: OPTUM INFUSION SERVICES 500, INC

LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY

LICENSE NUMBER: 101242 **PRIMARY STATUS:** CLEAR

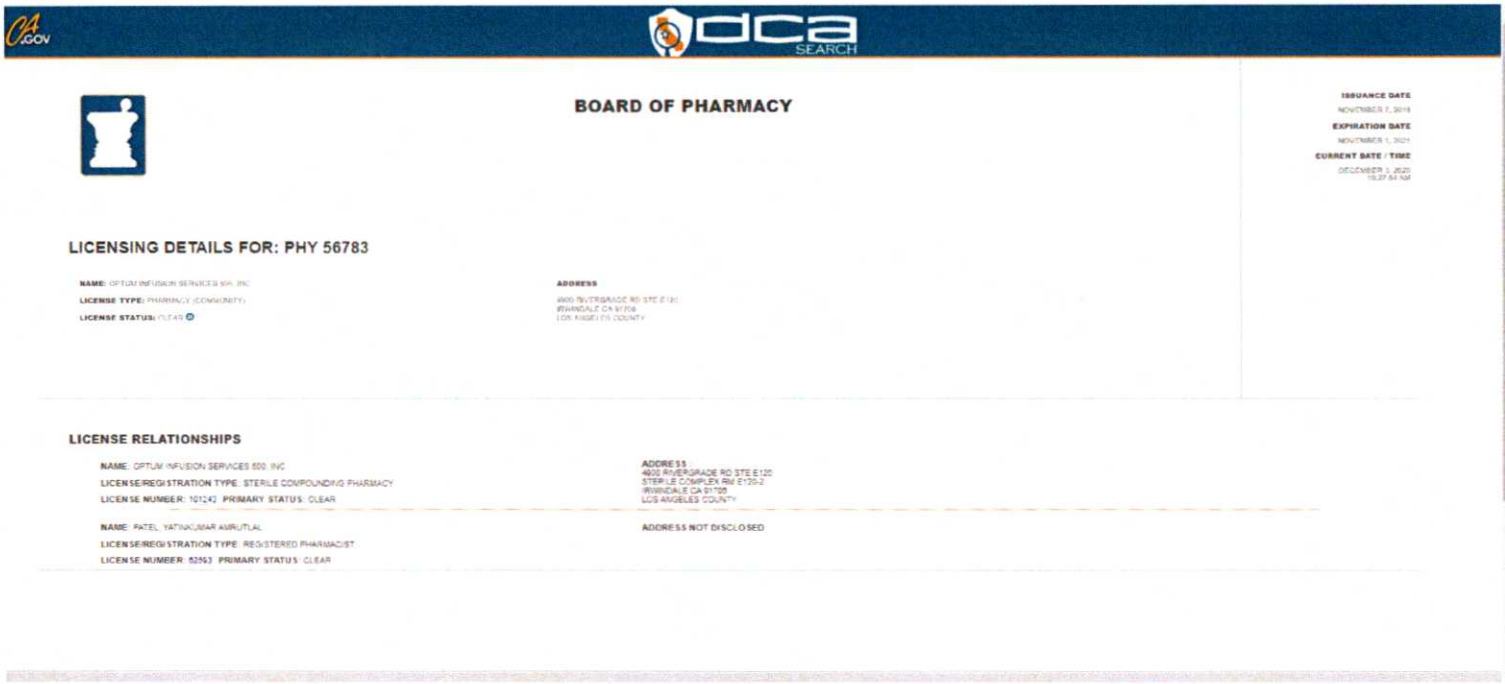
ADDRESS :
4900 RIVERGRADE RD STE E120
STERILE COMPLEX RM E120-2
IRWINDALE CA 91706
LOS ANGELES COUNTY

NAME: PATEL, YATINKUMAR AMRUTLAL

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 62593 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED



CA.GOV dca SEARCH

BOARD OF PHARMACY

ISSUANCE DATE
NOVEMBER 7, 2019
EXPIRATION DATE
NOVEMBER 1, 2021
CURRENT DATE / TIME
DECEMBER 1, 2020
10:27:57 AM

LICENSING DETAILS FOR: PHY 56783

NAME: OPTUM INFUSION SERVICES 600, INC
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR

ADDRESS
4600 RIVERGRADE RD STE E120
IRWINDALE CA 91706
LOS ANGELES COUNTY

LICENSE RELATIONSHIPS

NAME: OPTUM INFUSION SERVICES 600, INC
LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY
LICENSE NUMBER: 101242 PRIMARY STATUS: CLEAR

ADDRESS
4600 RIVERGRADE RD STE E120
STERILE COMPLEX RM E120-2
IRWINDALE CA 91706
LOS ANGELES COUNTY

NAME: PATEL, YATINKUMAR AMRUTLAL
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 52563 PRIMARY STATUS: CLEAR

ADDRESS NOT DISCLOSED

DocuSign Envelope ID: E2079AA1-3009-4019-A741-8C27B84A6470

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

Renewal Certificate

Sterile Compounding License

LICENSE NO. LSC 101242
RECEIPT NO. 00168602

VALID UNTIL NOVEMBER 01, 2021

OPTUM INFUSION SERVICES 500, INC
4900 RIVERGRADE RD STE E120
STERILE COMPLEX RM E120-2
IRWINDALE CA 91706

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.

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

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

WPHLSC 09/30/19

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

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 10/7/2020 Inspector: Sheryl Ross-Hustana

Firm: OPTUM INFUSION SERVICES 500, INC Phone: (626) 257-9770

Address: 4900 RIVERGRADE RD STE E120 City: IRWINDALE Zip: 91706

Ownership: CORPORATION

Permit #: LSC101242 PHY56783 Permit Exp: 11/1/2020 DEA#: FB8055495 DEA Exp: 12/31/2021

Date of Self Assessment Form: 6/28/2019 Other Permit #: N/A Date of DEA Inventory: 10/1/2020

Hours M-F: 8:30AM-5PM Hours Saturday: On Call Hours Sunday: On Call

PIC **YATINKUMAR A PATEL** RPH62593 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
CHRISTINE MA	RPH41270	**GILBERT CASILLAS**	TCH143620

Inspector Remarks:

Due to the COVID-19 pandemic, documents were requested from the facility and reviewed remotely with the assistance of PIC Yatinkumar Patel (PIC Patel) via phone and email. A visual inspection was conducted on 10/7/2020. PIC Patel assisted with the inspection.

Annual renewal inspection for a closed-door home infusion sterile compounding pharmacy. Drugs are delivered via courier service. Premise has an unused infusion suite that is pending licensure plans with DCPH in STE 141. Shared common lobby with Optum Specialty PHY with secured reception. All facilities are located in building E.

Sterile to sterile compounds only, low to medium risk – mostly antibiotics, all CSPS are patient specific. Very low volume at this point, with intention of growing business. No non-sterile compounding. Currently servicing approximately 70-80 chronic patients, 1-2 acute patients (1-2 CSPS weekly – generally provide a 7 day supply). TPN compounder available, but not in use and not located in compounding room. No TPNs being done at this time.

Permits posted, NTC posted, clinical/order processing area, huddle room, secured pharmacy room, warehouse.

Per PIC Patel:

No physical changes to layout or compounding equipment in the past 12 months
No changes in the types of CSPs compounded in the last 12 months
No changes in the list of medications compounded in the last 12 months

Compounding area:

ISO 7 ante-room with sink (h/c running water), gowning supplies, dedicated cleaning supplies
ISO 7 negative pressure room with 2 NuAire BSCs externally vented. No HD compounding currently.
ISO 7 positive pressure clean room with 2 ISO 5 NuAire LFHs
ISO rooms are void of extraneous activities and materials

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INSPECTION REPORT

Certification:
• All rooms and PECs certified by Medical Technology Associates (MTA) on 4/7/2020 under dynamic conditions. MTA was present during inspection for 6 month re-certification.
• Smoke studies available for review
• ACH, HEPA leak tests, and pressure differentials measured by MTA and were in acceptable range. Two leaks repaired.
• Viable air/surface sampling: Sent to Lab 797 on 4/7/2020; No viable air samples exceeded actionable limit; no surface growth from any samples.
• In-house quarterly air sampling by EMLab (7/8/2020 reviewed) and surface sampling done monthly by TCH. Samples are incubated in-house – if growth occurs will send out for further analysis.

Gowning/Garbing:
• Gowns, sterile gloves, masks, head and shoe coverings available.

Cleaning:
• Records available and reviewed
• Daily cleaning – hoods by TCH at start of each shift and when needed during compounding w/PreEmpt and sterile IPA. Contact time of 1 min. Sporicidal agent used monthly (Peridox – dwell time 3 minute).
• Terminal clean by TCH (including walls, ceilings) monthly with Peridox. Records reviewed.
• Dedicated cleaning equipment
• Training records for pharmacy cleaning personnel available

Other equipment:
• Room/refrigerator/freezer temperatures: Monitored 24 hours a day electronically by JLL; PIC and RPH notified of excursions via text, phone call.
• Incubator for media fill testing, gloved fingertip testing, temp and cleaning records reviewed

Staff competencies/training:
• Annual and upon hire
• Media fill test, gloved fingertip sampling, gowning, aseptic technique, visual assessment, calculations
• Randomly reviewed training records for RPH Ma, TCH Casillas – observational, didactic, media fill, gloved fingertip tests completed in 2020

Labeling requirements:
Pharmacy name and address, route and rate, compound statement, auxiliary labels, storage

Record keeping requirements:
Compounding logs, master formulas spot checked;
Pressure and humidity logs, room temp logs, incubator temp logs, refrigerator logs, weekly check for exp dates on cleaners - available and reviewed
Policies and Procedures – reviewed log of changes in last year. Annual review of P&Ps by PIC – recommend documentation of review.
Reviewed recall procedure

Quality Assurance:
Sterility testing by ARL on 6/11/2020 – results reviewed

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Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

• Potency testing by ARL on 6/14/2020 – results reviewed

Shipping:
• Policy in place for packaging to ensure shipping conditions do not adversely affect the integrity of the drugs shipped. Optum has policies based on studies done.

Other:
Community self-assessment done on 06/28/19 ; 2016 version used
References available
DEA biennial inventory – Inventory of C2-C5 drugs done monthly – last done 10/1/2020; Entire inventory performed quarterly
Quarterly C2 reconciliation – no C2s
WLS: Cardinal
RD: Pharma Link
Pharmaceutical/Hazardous waste contracture – Stericycle, Veolia

Other information:
• HSC 11162.2 – Prescription form serial number – must comply with AB 149 (12-byte serial number and barcode) by 1/1/2021
• CCR 1707.2 Consultation requirements for delivery and mail order – effective 10/1/2020
• CCR 1732.5(b) - New CE requirement for Law and Ethic CE by the Board (July 2019)
• CCR 1776 – Drug take-back – registration forms and locations on website
• Provided CDPH COVID guidance on physical distancing and use of face basks
• Provided copy of BOP inspection pamphlet

The latest copy of the SCRIPT newsletter (Sept 2020) is available on the Board website

Inspector contact information:

heryl.ross-hustana@dca.ca.gov
Office: 909-444-8627
Fax: 909-213-5211

Licensee Remarks:

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

INSPECTION REPORT

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) Jatin Patel

Inspector (sign) _____

Inspector (print) Sheri Ross Hussaen

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB8055495	12-31-2021	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-04-2018

OPTUM INFUSION SERVICES 500, INC.
4900 RIVERGRADE RD STE E120
IRWINDALE, CA 917061419

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB8055495	12-31-2021	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-04-2018

OPTUM INFUSION SERVICES 500, INC.
4900 RIVERGRADE RD STE E120
IRWINDALE, CA 917061419

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Officers

Name	Title
Zeglinski, Michael Gerard	Chief Executive Officer
Zeglinski, Michael Gerard	President
Peterson, Karen Elizabeth	Secretary
Gill, Peter Marshall	Treasurer
Lang, Heather Anastasia	Assistant Secretary
Langdon, Timothy Joseph	Assistant Secretary
Oberg, David John	Assistant Secretary

Directors

Name	Title
Grosklags, Jeffrey David	Director
Zeglinski, Michael Gerard	Director

DocuSign Envelope ID: E2079AA1-3009-4019-A741-8C27B84A6470

Optum Infusion Services 500, Inc.

f/k/a BriovaRx Infusion Services, Inc. (10/01/2016 to 03/02/2020)
f/k/a Axelacare Holdings, Inc. (11/09/2010 to 10/01/2016)

STOCK CERTIFICATE LEDGER

0/12/2016: Authorized 100 common shares, par value of $0.01 per share - per Amended and Restated Certificate of Incorporation
11/21/2014: Authorized 100 shares common stock, par value $0.01 per share - per Amended and Restated Certificate of Incorporation
4/12/2013: Authorized 100 shares common stock, par value $0.01 per share
12/03/2010: Authorized 1,204,819 shares common stock, par value $0.001 per share
and 1,224,819 shares preferred stock, par value $0.001 per share - per Amended and Restated Certificate of Incorporation

Stock Certificate Number	Issued To	Number of Shares	Date of Certificate	Transferred To	Number of Shares	Date of Transaction/ Cancellation	Location of Original	Notes
1	AxelaCare, LLC	100	4/12/2013		100	12/18/2017	Cancelled: copy in minute book	No stock ledger provided at time of acquisition by UHG 11/2015. Reissuing in new name of corporation
2	AxelaCare, LLC	100	12/18/2017				minute book	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTUM INFUSION SERVICES 500, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF DECEMBER, A.D. 2020.

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

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

Jeffrey W. Bullock, Secretary of State

4896367 8300

SR# 20208594587

Authentication: 204265944

Date: 12-08-20

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

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Yatinkumar A. Patel

Date: 09/14/2021
Amount:
License #: 21172

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/14/2022

Yatinkumar A. Patel

License #
21172
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21172

Expires: 03/14/2022
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Yatinkumar A. Patel

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

OPTUM®

January 5, 2020

UPS OVERNIGHT DELIVERY

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

Re: Optum Infusion Services 500, Inc.
4900 Rivergrade Road – Suite E120
Irwindale, CA 91706

Dear Madam or Sir,

Enclosed is the application for Optum Infusion Services 500, Inc. I have included the online verifications as our verification was sent directly to the Nevada State Board of Pharmacy. If additional information is required, please contact me directly at jbackmeier@diplomat.is or 810-768-9031.

Sincerely,

Jessica Backmeier
Licensing Specialist

12C

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*** 03640
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: TMC Acquisition, LLC d/b/a Tailor Made Compounding

Physical Address: 200 Moore Drive, Nicholasville, KY 40356

Mailing Address: 200 Moore Drive

City: Nicholasville State: KY Zip Code: 40356

Telephone: 1-844-857-6233 Fax: 859-406-1242

Toll Free Number: 1-844-857-6233 (Required per NAC 639.708)

E-mail: licensing@tailormadehealth.com Website: https://tailormadecompounding.com/

Managing Pharmacist: John Milam License Number: KY No. 008556

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

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

Ross Jordan
Print Name of Authorized Person

10/14/20
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Kentucky

Parent Company if any: TMC Investment, LLC

Mailing Address: 333 East Main Street, Suite 310

City: Louisville State: KY Zip: 40202

Telephone: 502-719-4577 Fax: 502-585-9050

Contact Person: Ross Jordan

For any corporation non publicly traded, disclose the following:

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

a) Dale Boden (Name) 333 East Main Street, Suite 310 Louisville, KY 40202 (Address) 33.33%

b) Ross Jordan (Name) 333 East Main Street, Suite 310 Louisville, KY 40202 (Address) 33.33%

c) Kenneth Berryman (Name) 333 East Main Street, Suite 310 Louisville, KY 40202 (Address) 33.33%

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. 46,000

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

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. N/A

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

*On Call

Monday thru Friday 9:00 am 5:30pm pm Saturday 10:00 am 2:00 pm

Sunday CLOSED am _____ pm 24 Hours N/A

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Ross Jordan

Responsible Person of TMC Acquisition, LLC d/b/a Tailor Made Compounding

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

Ross Jordan
Print Name of Authorized Person

10/14/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Kentucky)
) ss.
Jessamine COUNTY)

I, Ross Jordan, 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 TMC Acquisition, LLC d/b/a Tailor Made Compounding (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, Ross Jordan, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Ross Jordan
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
14th day of October, 2020.

Leslie Sparrow
NOTARY PUBLIC

Leslie B. Sparrow
NOTARY PUBLIC
STATE AT LARGE
KENTUCKY
ID. # KYNP15150
MY COMMISSION EXPIRES September 16, 2024

Nevada Out of State Pharmacy License Application

List all officers and directors.

Name: Dale Boden

Title: Board Chair

Address: 333 East Main Street, Suite 310 Louisville, KY 40202

Name: Ross Jordan

Title: Secretary

Address: 333 East Main Street, Suite 310 Louisville, KY 40202

Name: Kenneth Berryman

Title: Board Member

Address: 333 East Main Street, Suite 310 Louisville, KY 40202

TMC ACQUISITION, LLC

Unitholders Schedule

Unitholder	No. of Units	Type of Units	Original Purchase Price
TMC Investment, LLC 333 East Main Street, Suite 310 Louisville, KY 40202	46,000	Class A	$4,600,000.00
Total	*46,000*	-	*$4,600,000.00*

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Existence

Authentication number: 237305
Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

TMC Acquisition, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 1, 2020 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of October, 2020, in the 229th year of the Commonwealth.

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
237305/1115094

Tailor Made Compounding

200 Moore Dr., Nicholasville, KY 40356

October 19, 2020

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

Re: Tailor Made Compounding, LLC, license # PH03640 ("Seller")

To Whom It May Concern:

Seller entered into an asset purchase agreement with TMC Acquisition, LLC d/b/a Tailor Made Compounding ("TMC Acquisition") on October 19, 2020 pursuant to which TMC Acquisition will purchase substantially all of the assets of Seller. We anticipate that this transaction will be consummated on or around November 20, 2020. If this date changes, we will update you.

Seller currently holds the above referenced license. Once the transaction has closed, TMC Acquisition will own and operate the pharmacy and continue to employ the current day-to-day staff. Enclosed please find an Application for Out-of-State Pharmacy License, which we understand is required in connection with this change of ownership. Please note that the following requested items are missing from this application: (1) a copy of the pharmacy's current license/registration issued by the Kentucky Board of Pharmacy, (2) a copy of the pharmacy's current DEA registration, (3) a Kentucky Secretary of State Certificate of Good Standing, and (4) a letter of good standing from the Kentucky Board of Pharmacy. These documents have been requested and are currently pending issuance. The missing items will be provided as soon as they are available.

If you have any questions, or need additional clarification, please contact Leslie Sparrow at (859) 887-0013 or by email at leslie@tailormadehealth.com. Thank you for your assistance.

Sincerely,

Ross Jordan
Secretary and Board Member
TMC Acquisition, LLC dba Tailor Made Compounding

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	1303883		**Inspection Information**
Legal Business Name:	Tailor Made Compounding LLC	**Day 1:**	10/21/2019
Doing Business As (DBA):	Tailor Made Compounding	**Start Time: 24-hour format (13:00)**	9:20
Address:	200 Moore Drive	**End Time: 24-hour format (13:00)**	20:30
City:	Nicholasville	**Day 2:**	
State:	KY	**Start Time: 24-hour format (13:00)**	
Zip Code:	40356	**End Time: 24-hour format (13:00)**	
Telephone number:	859-887-0013	**Inspector Name:**	Paul N. Limberis
Toll free number:	1-800-TLR-MADE	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	859-406-1242	**Observer Name/Affiliation (if applicable):**	Jessica Williams
Website:	www.tailormadecompounding.com	**Observer Name/Affiliation (if applicable):**	KY BOP Inspector

Pharmacy Hours of Operation — **Check if 24/7** ☐

	Open		Closed
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			X
Monday	9:00	17:30	
Tuesday	9:00	17:30	
Wednesday	9:00	17:30	
Thursday	9:00	17:30	
Friday	9:00	17:30	
Saturday			X

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	John Dale Milam	John@tailormade.com	398722
Nonsterile Compounding Supervisor	Lynsie Talkington	lynsie@tailormade.com	1246618
Sterile Compounding Supervisor	Lindsay Moore	lindsay@tailormade.com	448931
Hazardous Compounding Supervisor	Lindsay Moore	lindsay@tailormade.com	448931

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	John Milam	PIC	Y
2	Blake McLeod	Pharmacist	Y
3	Spencer Reed	Pharmacist	Y
4	Nick Kirkpatrick	Pharmacist	Y
5	Lindsay Moore	Sterile Compounding Technician	Y
6	Bradley Pearson	Dispensary Technician	Y
7	Leah Turner	Non-sterile Compounding Technician	Y
8	Jerry Robinson	Shipping Manager	NA
9	Jeremy Delk	Owner/CEO	NA
10	Nick Melgar	Technician - QA/QC	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present. In addition to the staff listed above: 9 - Admin., Management, Accounting, and HR, 3 - Call Technicians, 1- Research Analyst, 2 - Sterile Compounding Technicians, 1 - Labeler, 5 - Data Entry Technicians, 1 - Pharmacist, 2 - Dispensary Technicians 6- Shipping Personnel, 3 - Non-Sterile Compounding Technicians.

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
DEA	Tailor Made Compounding LLC	Controlled Substances Facility/FT5687629	11/30/2021
KYBOP	Tailor Made Compounding LLC	Pharmacy/P07728	6/30/2020

Inspector Notes: List states in which Non-Resident licenses are held: AK, AL, AZ, CA, CO, CT, DE, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, MD, MI, MN, MO, MS, MT, ND, NE, NV, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SD, TN, TX, UT,VA, VT, WA, WI, WY - confirmed - not shipping into states that the pharmacy does not have a current license. Tailor Made Compounding is a compounding pharmacy providing non-sterile and sterile compounded products. Primary compounding is for hormone replacement products and Peptides for general wellness. The pharmacy is in the process of remodeling. They recently added a new clean room suite to include an ISO 8 prep room, ISO 7 Ante Room, Positive pressure Buffer Room with LAFW Area and a Lyophilizer, and a Hazardous Buffer Room used with two BSC's (one for non-sterile and one for sterile) on the second floor of the additional space purchased - attached to the original building. For the original clean room suite they recently converted the hazardous Buffer Room to a positive pressure Buffer Room with two lyophilizer in the ISO 5 LAFW area. These are currently being tested by the pharmacy. The original positive pressure Buffer Room has a LAFW Area with one Lyophilizer. They also have relocated the non-sterile compounding area to new space acquired in the building and will be remodeling the old non-sterile compounding area.

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	
Closed Door		Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X
HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	X
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	X

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	18,000 - Total space	Total Pharmacists:	5
Nonsterile Compounding Room size:	672 - area currently in use	Number of Compounding Pharmacists	3-currently
Nonsterile Compounding powder hoods number:	1 - not in use	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	Performed in Sterile Hazardous Buffer Room	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	1 - designated for non-sterile compounding	Total Technicians:	15
Sterile Compounding Ante Room size:	60, 60, and 176-Prep Rooms	Number of Compounding Technicians	7
Sterile Compounding Clean/Buffer Room size:	60, 60	Of technicians, how many are certified?	3
Sterile Compounding Number LAFW hoods/areas:	3	Of technicians, how many are techs-in-training?	3
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	16
Negative Pressure Sterile HD Room size:	140	Ratio #tech:#RPh present at time of inspection:	10 Techs (performing compounding and dispensing) : 5 RPh
Sterile HD Compounding Number of BSC hoods:	1 - designated for sterile compounding	Total Pharmacist Hours Per Week:	200
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	600
Volume Dispensed		**Volume Distributed**	
Total Prescriptions Dispensed/day:	600	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	15%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	30%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	65%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	25%	% Hazardous Drugs (HD) Orders	0%

Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK	98	0	Month of September, 2019
AL	81	0	
AR	0	0	
AZ	536	0	
CA	1332	0	
CO	37	0	
CT	115	0	
DC	10	0	
DE	26	0	
FL	2731	0	
GA	580	0	
HI	42	0	
IA	20	0	
ID	65	0	
IL	351	0	
IN	137	0	
KS	17	0	
KY	1857	0	
LA			
MA	308	0	
MD	154	0	
ME			
MI	392	0	
MN	13	0	
MO	146	0	
MS	23	0	
MT	18	0	

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC			
ND	1	0	
NE	21	0	
NH	69	0	
NJ	175	0	
NM	105	0	
NV	642	0	
NY	712	0	
OH	340	0	
OK	177	0	
OR	108	0	
PA	252	0	
RI	4	0	
SC			
SD	7	0	
TN	220	0	
TX	1290	0	
UT	102	0	
VA	226	0	
VT			
WA	480	0	
WI	280	0	
WV			
WY	1	0	
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 +. PIC Milam is also the PIC for the TX license.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	Yes	Deal Media Company is located in office space within the building - separate from the pharmacy.
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	Not at this time
8.00	Are photographs allowed during the inspection **(no PHI)**?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Blake McLeod - Pharmacist, Nick Melgar -Technician - QA/QC Supervisor, Lindsey Moore - Sterile Compounding Technician
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	Approximately 35% in KY and in other states. Providers request that the medication be sent to their practice for administration and teaching for the patients.
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	No distribution.

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Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	Last Full inspection was performed in August, 2017 - referenced in last VPP inspection. The Board has since come on site - during the FDA inspection 8/18 through 10/18, and to inspect the newly added clean rooms prior to use in May, 2019.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	Yes	Deficiencies corrected from previous inspections.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	

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Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	Yes	California - 2/26/2019 - with the following citations: 1. Hood not certified under CETA guidelines, 2. Biennial inventory did not indicate it was taken at open or close, 3. MFR's are absent equipment used, 4. New P&P's not provided specifying action levels for CFUs discovered in HD room, 5. Fingertip samples not read at 48 hours, none conducted for PIC, 6. Compounding worksheets are absent number of vials produced in batch and signature of pharmacist verification, 7. Staff dons booties after gown, 8. PIC had not conducted training in regulation and participated in sterile compounding, 9. Non-sterile to sterile products were released prior to USP<71> sterility tests received. Pharmacy provided documentation to CASBOP 3/26/19 including documentation from Room/Hood Certifier, corrections made for FT and Media Fill documentation/incubation, Media Fill validation for new compounding room, training and testing documentation for staff - including PIC.
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	Pharmacy had disciplinary actions taken in Oregon, Alabama and Maryland for shipping products into the states prior to receiving licensure in those states. Disciplinary actions were also taken by Illinois and New Hampshire for failure to report these previous actions upon application. The orders were signed by the pharmacy with appropriate fines paid.
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	

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Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	Yes	Dates of inspection 8-20-18 to 10-24-18 at intermittent times. A 483 was issued with 12 observations noted. Pharmacy provided response to FDA on 11/16/18. 1. As part of the investigation of a batch failing sterility testing, the pharmacy did not evaluate other products produced in the same time-period. Pharmacy replied that all batches are sterility tested. 2. Pharmacy did not have hold time studies for stoppers, vials and seals to be stored once autoclaved prior to being used in sterile operations.- Corrected by Pharmacy. 3. Protective apparel is not worn as necessary to protect drug products from contamination. - Pharmacy replied stating gowning, cleansing of hands with alcohol-based surgical scrub with persistent activity, then donning sterile gloves per USP<797>. 4. Smoke Studies were performed under static conditions and do not incorporate the lyophilization process. - Corrected by Pharmacy. 5. PreEmpt RTU product is not sterile. - Pharmacy replied stating that this is not a requirement of USP <797> or KY SBOP, however they now purchase sterile cleaners. 6. Personnel monitoring is done every six months with fingertip testing only. - Pharmacy replied that they follow <797> requirements and have added additional random validation tests and will take into consideration other touch area testing (forehead, mask, chest). Pressure monitor differentials are logged only once daily and there is no alarm. -Pharmacy replied that they now monitor at start of day and during production, added electronic gauges to monitor during production with audible alarms. 7 Batch labels for Tesamorelin 1 mg Subcutaneous Inj. were incorrectly labeled with a BUD of 1 year, rather than the correct BUD of 180 days. Due to this finding the pharmacy initiated a voluntary recall (class II) of these vials in September, 2018, and initiated a new quality check to be performed on the labels prior to placing product in quarantine. Communication between the pharmacy and FDA regarding the Recall was reported in the FDA Enforcement Report. The pharmacy provided FDA with the Medication Destruction Documentation. 8. Testing and release of product did not include appropriate determination of satisfactory conformance. Product released with OOS potency results. - Corrected by Pharmacy. 9. Pharmacy does not perform identity testing on incoming raw materials. - Pharmacy replied that they evaluate all COA's, and look at HPLC studies performed by suppliers upon receiving API's. 10. No written stability program, several products were not within BUD date due to lower potency results. - Pharmacy replied that they are in the process of correcting this by conducting stability tests to replace time point studies previously performed. 11. No hold time studies for how long glassware used in sterile operations can be stored before use, after depyrogenation in the convection oven. Pharmacy has not conducted 3 log reduction studies for endotoxins. - Corrected. 12. Pressure Gauge used to perform bubble point testing has not be calibrated. - Corrected.
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	No	
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	

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e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	All records have been maintained on site since pharmacy opened. They plan to keep records for a minimum of 10 years per PIC.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronic records are maintained indefinitely, and paper records are maintained on site.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically maintained indefinitely.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	System prevents records from being deleted. They are discontinued only.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	No storage off-site at this time.
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Requirements for each state are programmed in the systems used. PIC maintains updates from all state boards as well as Federal changes.
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Maintained by HR. Checked by management and HR.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Annual checks in March at time of renewal
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	N/A	No required ratio in KY. Routinely operate with 5 RPh: 10 Technicians (Dispensing and Compounding) MAX staff routinely working = 50.
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Complete with cameras
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No Schedule II controlled substances stocked.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Pharmacist would remain on site until facility could be properly secured.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No destruction on site.
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Complete RX
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	SWI - bins picked up monthly.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Pharmacist office or private conference room. Rarely do patients come to pharmacy to pick up medications.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	No	Continuous electronic monitoring for room temperature and humidity - Accurite System used. Room temperatures: 69.8, 67.2, 72.8, 63.1, 69.4, 66.5, 73.9, 70.1, and 64.5 - degrees F.

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		Finding	Notes
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Accurite system provides continuous electronic monitoring. Excursion notifications are sent to the PIC and the Pharmacists. Pharmacist on call will respond after hours if necessary.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Continuous electronic monitoring for refrigerator temperatures - Accurite System used. Range is 36 to 46 degrees F. Excursion notifications are sent to the PIC and the Pharmacists. Pharmacist on call will respond after hours if necessary.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Refrigerator temperatures: 37, 40.2, 38.6, 39.2, 44.9 - degrees F.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Continuous electronic monitoring for Freezer temperatures - Accurite System used. Range is -13 to 14 degrees F. Excursion notifications are sent to the PIC and the Pharmacists. Pharmacist on call will respond after hours if necessary.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	4.4 and 1.5 Degrees F
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Product is moved to a working unit.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Contracted HVAC repair service is contacted for immediate repair.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	

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		Finding	Notes
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	PIC establishes all vendors
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	Very few Baxter products
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Bellco Generics, McKesson, IV Packs, SKS Bottle and Packaging, and for API's: Letco, Medisca, PCCA, Spectrum, Integrative Medical Group
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Requirements for setting up wholesaler - review transaction documentation.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	Review Transaction Documentation
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	Review Transaction Documentation and review the FDA Website
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Quarantine area set for all product receipt. If damaged or tampered, product is set aside, distributor contacted and arrangement made for return.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	Only for damage product at this time.

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		Finding	Notes
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	Electronically maintained.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	No Schedule II controlled substances ordered or stocked.
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	No Schedule II controlled substances ordered or stocked.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	Reviewed documentation - Filed in separate binder.
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual electronically maintained inventory in Pharmacy systems - API's in PK Compounding system. Finished product and any commercial controlled substances inventories are maintained in the dispensing system - Sales Force.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	None to date. Reports would be made to the DEA, State Board of Pharmacy and Law Enforcement.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	No CII inventory
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	No CII inventory

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		Finding	Notes
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	Annual inventory - Close of Day 1/4/2019
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	When PIC started.
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Monthly checks.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	No	One commercial product - Spironolactone expired.
60.02	How often is active-stock examined for drugs past the expiration date?		Product is pulled when it cannot be used by the patient if dispensed prior to the BUD
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	

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		Finding	Notes
	Prescription Processing If any part of a question is no, enter "No" and explain the observation.		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Data entry technicians enter the patient profile information, and it is updated with patient calls. Pharmacists verify the information at check.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? ***Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.***	Yes	Providers are known to the pharmacy. NPI numbers are verified.
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Notification would be made to the DEA and appropriate licensing board.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	Addresses are checked, calls to providers for verification.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Through Sales Force system for non-controls. For controlled substances - e-scripts through PK system is also in use.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Pharmacist verifies all information at check.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	Primarily DUR is conducted at the final check by the pharmacist along with all the other appropriate checks of the order.

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		Finding	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	No	Not all potential drug interactions are able to be recognized as the pharmacy does not always have other medications that the patient is receiving - not filled by this pharmacy
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	Pertinent lab values as requested for certain hormone therapies. Assessment of Sub-Cutaneous injection technique.
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Documented in the notes section of the profile.
67.07	Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.*	No	Not at this time
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	Documented in the notes section of the profile.
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Pharmacist check of all orders prior to moving the order to the shipping department. Includes review of prescription, label, product.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	

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		Finding	Notes
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	PK for compounding. Sales Force for dispensing.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	Yes	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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		Finding	Notes
	Patient Counseling and Communication If any part of a question is no, enter "No" and explain the observation.		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	Proactively - very few patients come to the pharmacy to pick up prescriptions.
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
76.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	
77.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for <u>delivered</u> prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	N/A	
79.00	Is patient counseling provided for <u>mailed</u> prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Calls are made to patients prior to shipment with offer to counsel as well as information provided to patients to call the pharmacist with any questions.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	No	Pharmacy has not developed PPI's for all products compounded at this time.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	No REMS medications dispensed.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Logged and in the computer for calls.

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Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	Pharmacist is on-call after hours.
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.01	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	PIC and QC/QA Coordinator - Nick Melgar oversee the QA/QI Program.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Both paper and electronic
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	Case Reports and Incident Reports
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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		Finding	Notes
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Case Reports are electronic.
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Analyzed with each report by the appropriate manager. Root Cause Analyses performed by PIC and Nick Melgar. Report generated for leadership team monthly.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	Discussed at monthly staff meetings.
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	As required by each state.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	MedWatch
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	Monthly reviews.
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	No	Not at this time
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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		Finding	Notes
	General Operations and Information		
1.00	Does the pharmacy **dispense** nonsterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	No	Not all profiles contained information on other medications that the patient is taking.
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	Yes	
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	No	
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	No	
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	
2.00	Does the pharmacy **distribute** nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	No	
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	No	
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.*	No	
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.*	No	
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided.*	N/A	
2.06	If yes, are any of these controlled substances? *List compounds provided.*	N/A	
3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	

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		Finding	Notes
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	Yes	Capsules, Troches, Liquids
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	Creams, Ointments, Gels, Suppositories, Nasal Sprays
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	No	
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	
9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	No	0%
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
10.00	Does the pharmacy perform compounding identified as **simple?** *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s. 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precautions. Gel, and Potassium Bromide Oral Solution (Veterinary).*	No	0%

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		Finding	Notes
11.00	Does the pharmacy perform compounding identified as **moderate?** *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.*	Yes	85%
12.00	Does the pharmacy perform compounding identified as **complex**? *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	Yes	15%
13.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	30% - Hormones.
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	Hazardous Non-Sterile compounding is now performed in one of the BSC's located in the Hazardous Buffer Room. Product is stored under negative pressure in that room.
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	Printed format and electronically available.
15.00	Does the pharmacy compound using any **controlled substances**? *Indicate percentage of controlled substance nonsterile compounding.*	Yes	15%
16.00	**APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	Yes	Bellco Generics, Integrative Medical, Letco, McKesson, PCCA, Spectrum
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.*	Yes	Verify through the repackager and checking the FDA website

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		Finding	Notes
16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	Yes	pH, Capsule Weights
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	ARL and Eagle for HPLC validation studies. Several different formulations per each technician sent twice annually for validation testing.
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balanced is used? *List manufacturer and model number*		4 - Ohaus Adventurer, 1 - Ohaus Explorer.
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency*	Yes	Daily auto-calibration.
19.03	Describe the pharmacist checks for the measurement of each ingredient		Scale integration - prints on worksheet for pharmacist verification.
20.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include nonsterile compounding measures? **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	Yes	
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	

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		Finding	Notes
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	plus/minus 3% programmed into system.
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	As required by each state.
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**0**	
21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	
21.02	USP- or NF-grade substances used, if available	Compliant	
21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	Compliant	
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	N/A	

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		Finding	Notes
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	Pharmacy prints a bar code label for all API's in product receipt stage.
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	Compliant	
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	Compliant	
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	N/A	
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	Stored separately in Hazardous Buffer Room
22.00	Where water is an ingredient, purified or distilled water is used.	Compliant	
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	N/A	
24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
26.00	For **animal compounding:** The compounding meets the same standards as compounding for human patients.	N/A	
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	N/A	

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		Finding	Notes
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
	Beyond Use Dating (BUD)		
	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	Compliant	
29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	Compliant	Pharmacy currently testing Gelatin Base Troches for Extended BUD. Study not yet completed.
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	Compliant	
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	Compliant	

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		Finding	Notes
	Environment		
	Total Non-Compliant (Includes Unknowns)	**2**	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	Per Area.
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs **hazardous** non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)*	Compliant	
38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	Compliant	Testing every six months.
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	N/A	BSC is in negative pressure hazardous compounding Buffer Room.
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Non-Compliant	No hair covers, shoe covers for non-hazardous compounding.
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	
41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is **recommended** - not required)*	Compliant	

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Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Non-Compliant	Continuous electronic monitoring for room temperature and humidity - Accurite System used. Room temperatures: 69.8, 67.2, 72.8, 63.1, 69.4, 66.5, 73.9, 70.1, and 64.5 - degrees F.
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally **recommended** range is 35-60%.	Compliant	
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.03	Humidity monitoring is also performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Compliant	

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Nonsterile Compounding Inspection

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Inspection Date: 10/21/2019

		Finding	Notes
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Compliant	
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	
	Training *-Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (Includes Unknowns)	**0**	
50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Compliant	
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Compliant	
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	

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		Finding	Notes
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	Compliant	
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	Compliant	
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	N/A	
	Compounding Equipment		
	Total Non-Compliant (Includes Unknowns)	**0**	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	Scales are inspected and calibrated by an outside agency twice annually. Most recently done 9/30/19.
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	N/A	Powder hood is not currently in use. BSC is certified twice annually.
58.01	Hood filters are checked regularly and replaced when necessary.	Compliant	For BSC currently.
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed.* ***Recommended*** *rinsed with purified water.*	Compliant	
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	

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		Finding	Notes
Documentation			
	Total Non-Compliant (Includes Unknowns)	**2**	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
61.02	The **master formulation record** includes:		
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	
61.05	Description of all ingredients and their quantities	Compliant	
61.06	Compatibility and stability information including references (when available)	Compliant	
61.07	Equipment used for the preparation	Non-Compliant	Formulations using the Mazerustar for powder mixing have not been updated to reflect the use of this equipment.
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Non-Compliant	Not updated for formulations using the Mazerustar
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	

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		Finding	Notes
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	
62.01	The **compounding record** includes:		
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	
62.07	Person performing the quality control procedures	Compliant	
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	
62.11	Description of the final preparation	Compliant	
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Compliant	
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	

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		Finding	Notes
	Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**3**	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	
66.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Non-Compliant	No Hair Cover or shoe covers worn by compounder.
68.00	Personnel don appropriate protective garb when performing compounding.	Non-Compliant	No Hair Cover or shoe covers worn by compounder.
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.	Compliant	
69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*	Compliant	
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding accuracy checked by a person other than the compounder.*	Compliant	
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Non-Compliant	Mazerustar used for combining powders. Use of this equipment, settings, time, not listed on the compounding record.
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Compliant	
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	

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		Finding	Notes
74.00	Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding area and equipment.* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey, mark as "Non-Compliant".*	Compliant	Inspector observed Technician compoundingMK-677 25 mg capsules #300, and performing weight checks.
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "* ***Denial of Authorization*** *" form. List individual who signs the Denial of Authorization*		

Finished Preparation Release Checks and Tests

	Total Non-Compliant (Includes Unknowns)	**1**	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	
77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	Compliant	
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	N/A	
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	Compliant	
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	Compliant	
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	

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e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials.	Compliant	
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	
80.04	If hazardous, labeling contains storage and handling information.	Non-Compliant	Hazardous handling information is not included.
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	Compliant	
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation **AND** again immediately prior to dispensing for any signs of instability.	Compliant	

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Inspection Date: 10/21/2019

		Finding	Notes
Patient Counseling and Communication			
	Total Non-Compliant (Includes Unknowns)	**2**	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	Non-Compliant	Patient/Care Giver information does not include information on the safe handling and disposal for hazardous products.
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Non-Compliant	Pharmacy not currently providing PPI for all products compounded and dispensed.
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	

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Sterile Compounding Inspection

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Inspection Date: 10/21/2019

		Finding	Notes
	Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. (*NA if no sample*)		Testosterone Cypionate 200 mg/ml in Grape Seed Oil. 5 ml Vials X 43
	Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason.*		Inspector was able to directly observe compounding through the glass wall between the prep room and the Buffer Room.
	General Operations Information		
1.00	Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	No	Not all profiles contained information on other medications that the patient is taking.
1.02	Are sterile compounded prescriptions picked up at the pharmacy?	Yes	
1.03	Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	Yes	
1.04	Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	
2.00	Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office use?	No	
2.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	No	
2.03	Is the pharmacy registered with the FDA as an Outsourcing Facility?	No	
2.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*	No	
3.00	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	N/A	
4.00	Which of the following sterile compounds are prepared?		
4.01	Allergen extracts	No	

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		Finding	Notes
4.02	Parenteral solutions	Yes	
4.03	Parenteral *suspensions*	No	
4.04	Preservative-free parenterals	No	
4.05	Ophthalmic preparations	No	
4.06	Oral or nasal *inhalation* preparations (not topical sprays)	No	
4.07	Baths and soaks for live organs and tissues	No	
4.08	Irrigations for wounds and body cavities	No	
4.09	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	Yes	Lyophilized products are prepared by the pharmacy.
5.00	Does the pharmacy compound investigational drugs? *Provide list.*	No	
6.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*	Yes	When products are on shortage list. Dextrose 50%, Ascorbic Acid. < 1%
6.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	Yes	
6.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	Yes	
7.00	Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.*	No	0%
7.01	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	N/A	
7.02	If low risk, are the compounds located in segregated area are BUD 12 hours or less?	N/A	
7.03	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
7.04	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
8.00	Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.*	No	0%

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		Finding	Notes
8.01	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	N/A	
8.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
9.00	Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.*	Yes	100%
9.01	Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?	No	
9.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		Thymosin Alpha Peptide - 90 days, Thymosin Beta Peptide - 90 days, Melanotan II Peptide - 90 days, Testosterone Cypionate in Grape Seed Oil - 180 days, Peptide CJC/IPA -180 days, PT 141 Peptide -90 days, BPC Peptide - 90 days
9.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	Yes	Sterility, Endotoxin, Method Suitability, Stability and Potency
10.00	Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?	No	
11.00	Does the pharmacy perform compounding for **immediate use?** *Indicate percentage of immediate use sterile compounding.*	No	0%
12.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.*	Yes	20% - hormones
12.01	Does pharmacy have a plan to comply with USP Chapter <800> by the implementation date? Describe plan.	Yes	
12.02	Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	Yes	Product is stored in negative pressure Buffer Room.
12.03	Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	Yes	

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
13.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	
14.00	Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.*	No	
15.00	Does the pharmacy compound using any Federally **controlled substances I-V**? *Indicate controlled substances used and percentage of controlled substance sterile compounding.*	Yes	15% - Testosterone
16.00	**APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs*	Yes	Integrative Medical Group, Letco, Medisca, PCCA, Spectrum Pharmaceutical
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	Yes	Verify through the repackager and checking the FDA website
16.03	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding?	Yes	
17.00	Does the pharmacy use scales/balances for sterile compounding?	Yes	
17.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*		Ohaus Adventurer X 2
17.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	Yes	Daily Auto-Calibration per scale manufacturer guidelines.
18.00	Does the pharmacy have a **lyophilizer**?	Yes	
18.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*		4 - Lyophilizers. Each is located within the ISO 5 LAFW WorkBench in 3 separate Buffer Rooms.
18.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.		Tesamorelin and MOTS-c Peptides, 2-3% of compounds prepared
18.03	Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?	Yes	

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		Finding	Notes
19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	Yes	pH, Surface Sampling, Gloved Finger Tip Sampling, Media Fill Tests, Filter Integrity tests, ECV Challenges, BI's.
20.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	Yes	ARL, Eagle - Method Suitability, Stability, Potency, Endotoxin, Sterility and any positive growth from samples.
21.00	**Quality Assurance/Quality Improvement**: Does the pharmacy continuous quality improvement program include sterile compounding measures? ***Note: If the facility indicates "yes", please ask each question below to verify.***	Yes	
21.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
21.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	Yes	
21.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	Yes	
21.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
21.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
21.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	Yes	
21.07	Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?	Yes	
21.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	Yes	
21.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	plus/minus 3%
21.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	Yes	

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		Finding	Notes
21.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	Yes	As required by each state.
21.12	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	Yes	
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**0**	
22.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
22.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.	Compliant	
22.02	USP- or NF-grade substances used, if available.	Compliant	
22.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
22.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels*	Compliant	
22.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.	N/A	

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		Finding	Notes
22.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
22.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.*	Compliant	
22.08	All APIs are labeled with the date they were received.	Compliant	
22.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	N/A	
22.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
23.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
24.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
25.00	For **animal compounding**, does the compounding meet the same standards as compounding for human patients?	N/A	
25.01	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	N/A	
25.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	
25.03	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
25.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	

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		Finding	Notes
25.05	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
26.00	If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.	N/A	
26.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.	N/A	
26.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.	N/A	
	Environment		
	Total Non-Compliant (Includes Unknowns)	**2**	
27.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	Compliant	Hazardous sterile and non-sterile compounding are performed in separate BSC's within the same Negative Pressure Buffer Room, but not at the same time in compliance with USP <800>.
28.00	If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.	N/A	
28.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?	N/A	
29.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	Compliant	
30.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	Compliant	
30.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	Compliant	
30.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	Compliant	
31.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	Compliant	
32.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.*	Compliant	

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		Finding	Notes
33.00	The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.*	Non-Compliant	Several ceiling tiles in the Hazardous Negative Pressure Buffer Room and in one of the Positive Pressure Buffer Rooms on the first floor need to be re-sealed and caulked into place.
34.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	Compliant	
35.00	The clean/buffer room or anteroom does not have dust collecting overhangs.	Compliant	
36.00	The exposed surfaces of:		
36.01	PEC are free of dirt, rust, chips and particulate matter.	Compliant	
36.02	Light fixtures are smooth, mounted flush, and sealed.	Compliant	
37.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	Compliant	
38.00	There is no sink or drain in the clean/buffer room.	Compliant	
39.00	Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.	Compliant	Lint Free Disposable Towels
39.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)*	N/A	
40.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	Compliant	
41.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	Compliant	
42.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use.	Compliant	Motor for Lyophilizer below LAFW table above return.
43.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	Compliant	

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		Finding	Notes
44.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	Compliant	
44.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	Compliant	
45.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	Compliant	
45.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	
45.02	Clean/buffer room is at least 0.02" wc positive pressure to Anteroom.	Compliant	
45.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	Compliant	
45.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	Compliant	Continuously monitored and recorded every shift.
45.05	Written plan in place to detect and react to pressure differentials outside of limits.	Compliant	
46.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	N/A	
46.01	The air flow is at least 40 feet per minute across the entire opening.	N/A	
46.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	N/A	
46.03	Written plan in place to detect and react to air flow measurements outside of limits	N/A	
46.04	This area is used only for low- and medium-risk compounding **(HD and high-risk not allowed)**.	N/A	
47.00	**Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	Compliant	
47.01	Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements. *Temperature records are maintained.*	Compliant	

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		Finding	Notes
47.02	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.*	Compliant	
47.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	Non-Compliant	Continuous electronic monitoring for room temperature and humidity - Accurite System used. Room temperatures: 69.8, 67.2, 72.8, 63.1, 69.4, 66.5, 73.9, 70.1, and 64.5 - degrees F.
47.04	Temperature monitoring in the **drug storage area** is performed at least once daily and documented. *Temperature records are maintained.*	Compliant	
47.05	Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.06	Temperature monitoring in the **refrigerator** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.*	Compliant	
47.07	Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.08	Temperature monitoring in the **freezer** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.*	Compliant	
47.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	Compliant	
48.00	**Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (*Generally recommended range is 35-60% for performing sterile compounding .*)	Compliant	
48.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	

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48.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
48.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	Compliant	
49.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	Compliant	
50.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces	Compliant	
51.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	Training of personnel
52.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	Interlocking
53.00	**If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room**: BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.	N/A	
53.01	Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.*	N/A	
53.02	All garbing requirements are adhered to.	N/A	
53.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
53.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?	N/A	
53.05	The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).	N/A	

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		Finding	Notes
54.00	**If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	N/A	
54.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.	N/A	
54.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
54.03	The sink is separated from the immediate area of the CAI or CACI (not adjacent).	N/A	
54.04	For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.	N/A	
	Cleaning and Disinfection		
	Total Non-Compliant (Includes Unknowns)	**0**	
55.00	Are all personnel performing cleaning appropriately garbed?	Compliant	
56.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	Compliant	
57.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	Compliant	Mop handles and heads for disposable covers.
58.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately?	Compliant	Separate for each room.
59.00	For cleaning and sanitizing agents that are not "ready-to -use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented?	Compliant	Ready to use formulations.
60.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*	Compliant	
61.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	Compliant	

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
62.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?	Compliant	
62.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	Compliant	Conflict, Peridox, PreEmpt
63.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	Compliant	
64.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	Compliant	
65.00	Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding.	Compliant	
66.00	If fatigue mats are used, are they cleaned daily and let dry on both sides?	N/A	
67.00	Is a tacky mat used and if so, is there a procedure in place regarding replacement?	Compliant	
68.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*	Compliant	Reviewed Cleaning Documentation logs for daily, weekly and monthly cleaning.
69.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	Compliant	
	Training *-Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (Includes Unknowns)	**0**	
70.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.*	Compliant	Eight Files reviewed, - 5 - Technician, 3 - RPh
70.01	All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.	Compliant	

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		Finding	Notes
70.02	All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.	Compliant	
71.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.*	Compliant	
72.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.	Compliant	
73.00	There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting*	Compliant	
74.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.*	N/A	
75.00	There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually*	Compliant	
76.00	There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*	Compliant	

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		Finding	Notes
77.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound . Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.*	Compliant	
78.00	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.*	N/A	All High Risk Compounding
79.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.*	N/A	All High Risk Compounding
80.00	The media-fill testing procedures include:		
80.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)	Compliant	
80.02	Fill Volume	Compliant	
80.03	Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)	Compliant	
80.04	Inspection of filled units	Compliant	
80.05	Documentation	Compliant	
80.06	Interpretation of results	Compliant	
80.07	Action levels set with the corrective actions required	Compliant	

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Inspection Date: 10/21/2019

		Finding	Notes
81.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.*	Compliant	
82.00	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.*	Compliant	
83.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	Compliant	
83.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	Compliant	
83.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	Compliant	
	Garbing		
	Total Non-Compliant (Includes Unknowns)	**0**	
84.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	Compliant	
85.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	Compliant	

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Inspection Date: 10/21/2019

		Finding	Notes
86.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	Compliant	
87.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Compliant	
88.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	Compliant	
89.00	Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.*	Compliant	
90.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	Compliant	
91.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	Compliant	
92.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	Compliant	
93.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	Compliant	
94.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	Compliant	

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		Finding	Notes
95.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	Compliant	
96.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	Compliant	
	Environmental Monitoring		
	Total Non-Compliant (Includes Unknowns)	**1**	
97.00	The most recent PEC and room certification report is available.	Compliant	
97.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	May 22, 2019 and retest of Hazardous Buffer Room, Positive Pressure Buffer Room, and ISO 8 Ante Room - June 6, 2019. Air Source Technology Inc.
97.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
97.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.*	Compliant	
97.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	Compliant	
97.05	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	N/A	
97.06	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	Compliant	

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		Finding	Notes
98.00	The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	Compliant	
98.01	The equipment used had not exceeded its calibration date at the time of certification.	Compliant	
99.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	Compliant	
99.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	Compliant	
99.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	Compliant	
99.03	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.*	Compliant	
99.04	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	N/A	
100.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	Compliant	
100.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	Compliant	
100.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs	Compliant	
100.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow.	Compliant	Motor for Lyophilizer below LAFW table above return.
101.00	Differential air pressure between rooms was measured.	Compliant	

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		Finding	Notes
101.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	Compliant	
101.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	Compliant	
102.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	N/A	
102.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	N/A	
103.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Compliant	
103.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Compliant	
103.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Compliant	
103.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	Compliant	
104.00	HEPA filter tests were performed.	Compliant	
104.01	All room HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
104.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
105.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	Compliant	
106.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	Compliant	Performed every six months by Air Source Technology
106.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.*	Compliant	

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		Finding	Notes
106.02	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	Compliant	
106.03	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.*	Compliant	
106.04	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	Compliant	
106.05	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification Air Sample Surface Sample ISO Class 5 >1 CFU/m3 >3 CFU/plate ISO Class 7 >10 CFU/m3 >5 CFU/plate ISO Class 8 >100 CFU/m3 >100 CFU/plate *CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.*	Non-Compliant	Sampling conducted on May 22, 2019 resulted in actionable levels of airborne bacteria and fungi in the Negative Pressure Hazardous Buffer Room, Positive Pressure Buffer Room, and ISO 8 Ante Room. Based on Pharmacy's SOP, actions were taken including triple clean and re-sampling was conducted on 6/6/19 with results within acceptable limits.
106.06	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*	Compliant	
106.07	If the number of CFUs detected **in the rooms** exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.08	If the number of CFUs detected **in the PECs** exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	N/A	
106.09	If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation(e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	

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		Finding	Notes
107.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.*	Compliant	Pharmacy performs quarterly surface sample tests - with validation performed by Air Source Technology every six months.
	Equipment		
	Total Non-Compliant (Includes Unknowns)	**1**	
108.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	Compliant	Autoclaves and ovens are inspected and calibrated every six months - next date scheduled -10/22/2019. Lyophilizers sent back for inspection and calibration annually.
109.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	Compliant	Pressure gauges inspected and calibrated every six months.
110.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented	Compliant	Temperature monitors and hygrometers inspected annually and calibrated.
111.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	Compliant	
111.01	There is documentation of the ACD tubing being changed or discarded every 24 hours	Compliant	With each compound.
111.02	The ACD is used when performing media fill testing.	Non-Compliant	ACD is not currently used in Media Fills.
	Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**0**	
112.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	Compliant	
113.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)?	Compliant	

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		Finding	Notes
114.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	Compliant	
115.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	Compliant	
116.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA). **Compounding MUST be observed**, if compounding is not being performed at the time of survey mark item as "Non-Compliant".*	Compliant	Inspector observed technician compounding Calcium Chloride 100 mg/ml 10 ml vials X 10.
116.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "**Denial of Authorization**" form. List individual who signs the Denial of Authorization*		
117.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	Compliant	
118.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.	Compliant	
119.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	Compliant	
120.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any time period.*	N/A	
121.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	N/A	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
122.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	Compliant	
122.01	Official or assigned name, strength and dosage of the preparation	Compliant	
122.02	Names, lot numbers and expiration dates of all components	Compliant	
122.03	Total quantity or number of units compounded	Compliant	
122.04	Person compounding the preparation	Compliant	
122.05	Person performing the quality control procedures	Compliant	
122.06	Person who approved the preparation	Compliant	
122.07	Date of compounding	Compliant	
122.08	Assigned internal identification number or prescription number	Compliant	
122.09	Assigned BUD and reference if extended beyond USP guidelines	Compliant	
122.10	Duplicate label	Compliant	
122.11	Sterilization method (if applicable)	Compliant	
122.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	Compliant	Filter integrity testing observed.
123.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is* ***recommended*** *to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	Compliant	
124.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	

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Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
125.00	Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	Compliant	
126.00	Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? *If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.**	Compliant	
127.00	Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines. **Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen **Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen **High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen	Compliant	
128.00	If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.*	N/A	
129.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.*	Compliant	Thymosin Alpha Peptide - 90 days, Thymosin Beta Peptide - 90 days, Melanotan II Peptide - 90 days, Testosterone Cypionate in Grape Seed Oil - 180 days, Peptide CJC/IPA -180 days, PT 141 Peptide -90 days, BPC Peptide - 90 days, Calcium Chloride - 90 days.
130.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	Compliant	
131.00	**Filter sterilization** in an ISO 5 environment and documentation includes:		
131.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	Compliant	
131.02	The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	Compliant	
131.03	Is the appropriate capacity filter being used for the volume being filtered.	Compliant	

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Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
131.04	Filtering is completed rapidly without filter replacement.	Compliant	
131.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	Compliant	
132.00	**Steam sterilization** documentation includes:		
132.01	The autoclave has been verified for the exposure time and mass of the items to be sterilized	Compliant	Currently used only for vials and stoppers in sizes that are not available pre-sterilized.
132.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	Compliant	
132.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	N/A	Not used for compounded products at this time.
132.04	That the CSP will not be adversely affected by the steam and heat	N/A	Not used for compounded products at this time.
132.05	The description of steam sterilization includes conditions and duration for specific CSPs	N/A	Not used for compounded products at this time.
132.06	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices.	Compliant	
133.00	**Dry heat sterilization** documentation includes:		
133.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture	Compliant	
133.02	Sufficient space is left between materials to allow for air circulation	Compliant	
133.03	The description of dry heat sterilization includes conditions and duration for specific CSPs	Compliant	
133.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices.	Compliant	
133.05	Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.	Compliant	

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e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
134.00	**Depyrogenation by dry heat** documentation includes:		
134.01	Dry heat Depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes	Compliant	
134.02	The description of the cycle and duration for specific load items	Compliant	
134.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)	Compliant	
134.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	Compliant	
135.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*	N/A	
	Finished Preparation Release Checks and Tests		
	Total Non-Compliant (Includes Unknowns)	**0**	
136.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	Compliant	
137.00	Are there checks for container, closure integrity and any other apparent visual defects?	Compliant	
138.00	Is compounding accuracy documented by verification of steps?	Compliant	
139.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	Compliant	
140.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	Compliant	
141.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*		
141.01	Sterility testing includes both bacterial and fungal testing.	Compliant	
141.02	Sterility testing is performed for all CSPs that have extended BUDS.	Compliant	

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Sterile Compounding Inspection

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Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
141.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers	Compliant	
141.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized	N/A	
141.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Not more than 100, test 10% or four units, whichever is greater 2. More than 100 but more than 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Not more than 200 containers, test 5% or 2 containers, whichever is greater 2. More than 200, test 10 containers 3. If the product is packaged in unit doses, use the parenteral testing above.	Compliant	
141.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*	Compliant	One peptide product, failed testing - 9/10/19, was removed from quarantine and set aside for destruction.
141.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*	Compliant	No failed tests.
142.00	**Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.*		
142.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)	Compliant	
142.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients	N/A	
142.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized	N/A	

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Facility Name: Tailor Made Compounding dba Tailor Made Compounding LLC
e-Profile ID: 1303883
Inspection Date: 10/21/2019

		Finding	Notes
142.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*	Compliant	
	Patient Counseling and Communication		
	Total Non-Compliant (Includes Unknowns)	**2**	
143.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	Non-Compliant	Patient/Care Giver information does not include information on the safe handling and disposal for hazardous products.
144.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	Non-Compliant	Pharmacy not currently providing PPI for all products compounded and dispensed.
145.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
146.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	Compliant	

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

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Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review
EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex

FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement
QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription

SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

Pharmacy Name: Tailor Made Compounding Pharmacy

Pharmacy Address: 200 Moore Drive, Nicholasville Ky. 40356

NABP Facility e-Profile ID: 1303883

VPP Inspection Date: 10/21/2019

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	31	39.00	SOP's require shoe covers, hair covers, and beard covers for all non sterile compounding. Techs educated to consistantly use all protective wear to inclue shoe covers, hair covers, gloves, smocks and eye ware as required.	completed	N	
Clarification or Further Explanation	32	43.03	Temperature were a little low in some areas during the inspection. These were adjusted and will continue to be monitored	completed	N	
Updates/New SOPs or P&Ps	35	61.07	We recently purchased a MAZ mixer in the pharmacy and are converting formulas over from using the Unguator to the Maz mixer in some situations. Some of the formulas still used the old directions. We are copying formulas to have directions for both unguator and Maz mixer usage. They spell out all settings used for the specific equipement used	ongoing	N	
Updates/New SOPs or P&Ps	35	61.08	See above explanation	ongoing	N	
Clarification or Further Explanation	37	67.00	SOP's require shoe covers, hair covers, and beard covers for all non sterile compounding. Techs educated to consistantly use all protective wear to inclue shoe covers, hair covers, gloves, smocks and eye ware as required.	completed	N	
Clarification or Further Explanation	37	68.00	See above explanation	completed	N	
Updates/New SOPs or P&Ps	37	71.00	We recently purchased a MAZ mixer in the pharmacy and are converting formulas over from using the Unguator to the Maz mixer in some situations. Some of the formulas still used the old directions. We are copying formulas to have directions for both unguator and Maz mixer usage. In the future we will have formulas specific to the equipment used to prepare the compound. They spell out all settings used for the specific equipement used. This issue was mostly related to having new equipment that we were introducing.	ongoing	N	
Clarification or Further Explanation	39	80.04	Tailor Made Compounding is now providing PPI for prescription medications that are commercially available through the Lexicomp Online program. The information will include how to handle hazardous materials as welll. This has been incorporated to fill in for any medications that we did not already have PPI information for. This will augment the educational information that we have previously provided to our patients. We have also adopted a template to be used for any future compounded products that we may need patient educational material for. This template follows the WHO suggested template for Patient Information Leaflets and will be used when other information is not available.	ongoing	N	

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

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Pharmacy Address: 200 Moore Drive, Nicholasville Ky. 40356

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Clarification or Further Explanation	40	85.00	See above explanation	ongoing	N	
Clarification or Further Explanation	40	86.00	See above explanation	ongoing	N	
Clarification or Further Explanation	49	33.00	Ceiling tiles have been calked into place.	completed	N	
Clarification or Further Explanation	51	47.03	Temperature were a little low in some areas during the inspection. These were adjusted and will continue to be monitored		N	
Clarification or Further Explanation	62	106.05	followed our policy & procedure and performed a triple clean in the affected areas. An inhouse test for viable air and surface touch plates was performed immediately after cleaning and were negative for growth. We also use Air Source Technology to perform a repeat viable air sample on 6/6/19 with results within acceptable limits.		N	
Updates/New SOPs or P&Ps	63	111.02	New SOP written to include media fill for Repeater Pump usage. Media fill performed using repeater pump and all techs passed that use the pump.	completed	y	Media Fill for High Risk Compounding Using Repeater Pump
Clarification or Further Explanation	70	143.00	See previous explanation for patient education and information.	ongoing	N	
Clarification or Further Explanation	70	144.00	See previous explanation for patient education and information.	ongoing	N	

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Tailor Made COMPOUNDING	TITLE: Media Fill for High Risk Compounding Using Repeater Pump	
SOP NUMBER: 7.007.4 TMC	VERSION NUMBER: 1.0	
Authorized By: John Milam	Date: 10/22/18	Dept: Pharmacy
Prepared By: John Milam	Reviewed By: JDM	Date: 11/01/18
Date Effective: 11/01/18	Adapted from: ACHC 7.007.3	

SOP No. 7.007.4

Title of SOP: Media Fill for High Risk Compounding Using Repeater Pump

Original: Yes_x__ No___ Revision: Yes___ No_x__ Revision No.:_____

==========

Responsibility:

The pharmacist-in-charge is responsible for this procedure.

Purpose:

The purpose of this standard operating procedure is to provide testing for personal techniques in the high risk compounding of sterile preparations (CSPs) under *United States Pharmacopeia (USP)* Chapter <797> guidelines.

Equipment/Materials:

- Incubator
- 9 Sterile 20-ml Vials
- 100 mL of Nonbacteriostatic water
- 6 Sterile adhesive seals
- 6 Sterile 0.2-mcm porosity filter units and 20-gauge needles
- Standard operating procedures (includes both electronic and hard copies)
- Sterile hood or equipment that provides International Organization for Standardization (ISO) Class 5 air quality
- Three g of nonsterile commercially available Soybean-Casein Digest Medium
- Three 30-mL sterile syringes

Introduction:

A media-fill test that represents high-risk level compounding is to be performed semi-annually by each person authorized to compound high-risk level CSPs. This or an equivalent test should be performed under conditions that closely simulate the most challenging or stressful conditions encountered during compounding of high-risk level CSPs. This particular test is determine

Tailor Made COMPOUNDING	TITLE: Media Fill for High Risk Compounding Using Repeater Pump	
SOP NUMBER: 7.007.4 TMC	VERSION NUMBER: 1.0	
Authorized By: John Milam	Date: 10/22/18	Dept: Pharmacy
Prepared By: John Milam	Reviewed By: JDM	Date: 11/01/18
Date Effective: 11/01/18	Adapted from: ACHC 7.007.3	

proper technique when using a repeater pump during compounding

Procedure:

1. Perform the high-risk media-fill test under all requirements of *USP* <797>.
2. Perform this test without interruptions.
3. Perform this test within an ISO Class 5 air quality environment.
4. Label the empty sterile 20ml vials with the date the challenge is performed and the initials of the person performing the procedure. Label three of the vials "Control 1", Control 2" and "Control3". Label the remaining six vials with the numbers 1 through 6.
5. Dissolve 3 g of nonsterile commercially available Soybean-Casein Digest Medium in 100 mL of nonbacteriostatic water to make a 3% solution.
6. Draw 25 mL of the medium into a 30-mL sterile syringes. Attach repeater pump tubing to end of syringe
7. Transfer 5 mL of the broth via repeater pump to the vial labeled as "Contrl 1" of the 20-mL sterile vials. *Note: These vials are the controls, and they generate exponential microbial growth, indicated by visible turbidity upon incubation.*
8. Using aseptic technique, affix a sterile 0.2 mcm porosity filter unit and a 20-gauge needle to the end of the repeater pump tubing using strict aseptic compounding.
9. Inject the next 10 mL from each syringe into two separate 20-mL sterile vials labeled 1 and 2 using strict aseptic compounding.
10. Aseptically remove the filter unit and needle. Withdraw another 25ml of the non sterile Tryptic soy broth. Transfer 5ml of the broth to the vial labeled as "Control 2".
11. Repeat steps 8 and 9 using vials 3 and 4
12. Aseptically remove the filter unit and needle. Withdraw another 25ml of the non-sterile Tryptic Soy Broth. Transfer 5ml of the broth to the vial labeled as "Control 3"

Tailor Made COMPOUNDING	TITLE: Media Fill for High Risk Compounding Using Repeater Pump	
SOP NUMBER: 7.007.4 TMC	VERSION NUMBER: 1.0	
Authorized By: John Milam	Date: 10/22/18	Dept: Pharmacy
Prepared By: John Milam	Reviewed By: JDM	Date: 11/01/18
Date Effective: 11/01/18	Adapted from: ACHC 7.007.3	

13. Repeat steps 8 and 9 using vials labeled 5 and 6.
14. Aseptically apply sterile adhesive seals to the rubber closures of the nine vials.
15. Place all nine vials in a bag and transport to the incubator.
16. Incubate the vials at 20 to 25 degrees celcius for 14 days.
17. Record results on the "Results Log Sheet"
18. Discard all used syringed, needles, filters and completed test vials as biomedical waste.
19. continue to allow the technician to compound sterile preparations if a pass result is obtained.
20 Discontinue the compound of sterile preparations if a failure test result is obtained until a successful media fill test is completed.

Interpretation of results

In the control vials the expected result is growth or turbidity because the medium was not sterile and was unfiltered.

Visible turbidity or growth observed in the vials containing filtered medium, on or before 14 days of incubation, is a positive test for the bacteria. The media fill challenge test has failed and indicated that a non-sterile technique was used during the test.

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Anne-meri Hart

Date: 08/25/2021
Amount:
License #: 21031

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/25/2022

Anne-meri Hart

License #
21031
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21031

Expires: 02/25/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Anne-meri Hart

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Blake E. McLeod

Date: 08/23/2021
Amount:
License #: 21010

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/23/2022

Blake E. McLeod

License #
21010
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21010

Expires: 02/23/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Blake E. McLeod

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Paul J. Sharpe

Date: 08/23/2021
Amount:
License #: 21007

(ID Card)

Pharmacist
Expires:02/23/2022

NEVADA STATE BOARD OF PHARMACY

Paul J. Sharpe

License #
21007
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 02/23/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21007

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Paul J. Sharpe

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Jennifer L. Woodward

Date: 08/23/2021
Amount:
License #: 20988

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/23/2022

Jennifer L. Woodward

License #
20988
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 20988

Expires: 02/23/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Jennifer L. Woodward

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Spencer L. Reed

Date: 08/23/2021
Amount:
License #: 21008

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/23/2022

Spencer L. Reed

License #
21008
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21008

Expires: 02/23/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Spencer L. Reed

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number P08150

TMC ACQUISITION LLC

dba TAILOR MADE COMPOUNDING
200 MOORE DRIVE
NICHOLASVILLE, KY 40356

Kentucky Board of Pharmacy

State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

License Information

Expiration Date	6/30/2021
Effective Date	3/3/2021
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: Resident Pharmacy

EFFECTIVE DATE: 03/03/2021

NUMBER: P08150

EXPIRATION DATE: 06/30/2021

PIC: BLAKE EDWARD McLEOD

Issued to:
TMC ACQUISITION LLC
dba TAILOR MADE COMPOUNDING

200 MOORE DRIVE
NICHOLASVILLE, KY 40356

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.

leslie@tailormadehealth.com

10029896.2/001281-1/1-0

8/640 1:4

TAILOR MADE COMPOUNDING LLC
200 MOORE DR
NICHOLASVILLE, KY 40356-8512

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT5687629	11-30-2021	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	11-07-2018

TAILOR MADE COMPOUNDING LLC
200 MOORE DR
NICHOLASVILLE, KY 40356-8512

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT5687629	11-30-2021	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	11-07-2018

TAILOR MADE COMPOUNDING LLC
200 MOORE DR
NICHOLASVILLE, KY 40356-8512

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA Registration Explanation

The buyer (TMC Acquisition, LLC) will continue operating under the DEA number that is assigned to the seller (Tailor Made Compounding, LLC) until the new one is received. The updated DEA certificate will be provided as soon as it is available.

RECD KYBOP OCT20'20

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: TMC Acquisition, LLC d/b/a Tailor Made Compounding

Address: 200 Moore Drive

City: Nicholasville State: KY Zip: 40356

I hereby authorize the Kentucky 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
P08150	Pending	NA	NA

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

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

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

Signature of State Official	Title	State	Date	S
Nancy Baldwin	Admin Spec III	KY	10/22/20	

KENTUCKY BOARD OF PHARMACY

Tailor Made Compounding

November 20, 2020

Nevada Board of Pharmacy

985 Damonte Ranch Pkwy #206

Reno, NV 89521

Re: Tailor Made Compounding, LLC, License # PH03640

To Whom it May Concern:

This letter is to inform you about the entry of a guilty plea by Tailor Made Compounding, LLC ("Seller") and one of its indirect owners and manager, Jeremy Delk. On October 29, 2020, Seller pled guilty to one misdemeanor and Mr. Delk pled guilty to one felony. The plea agreements for both Seller and Mr. Delk are attached.

As you are aware, Seller has entered into an Asset Purchase Agreement dated October 19, 2020 pursuant to which Seller intends to sell substantially all of its assets to TMC Acquisition, LLC ("Buyer"). The parties anticipate closing the sale around November 20, 2020. Following the sale transaction, Mr. Delk will no longer be an owner, manager or officer of the pharmacy. The pharmacy will have new ownership and management.

Following discussions with the US Food and Drug Administration ("FDA") earlier this year and receipt of a warning letter from the FDA, Seller determined that it would be in the best interest of its pharmacy and patients for Mr. Delk to lessen his role in the pharmacy and ultimately sell the business. Mr. Delk has generally not been involved in the day to day operations of the pharmacy since the FDA issued the warning letter in April. In addition, he formally resigned as CEO on October 29, 2020.

If there are any further questions or concerns, please do not hesitate to contact the undersigned at 859-887-0013 or blake@tailormadecompounding.com.

Blake McLeod

Chief Operating Officer

Tailor Made Compounding

Eastern District of Kentucky
FILED
OCT 29 2020
AT LEXINGTON
ROBERT R. CARR
CLERK U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF KENTUCKY
CENTRAL DIVISION
FRANKFORT

UNITED STATES OF AMERICA

V. **INFORMATION NO.** 3:20-CR-15-GFVT

JEREMY DELK and
TAILOR MADE COMPOUNDING LLC

* * * * *

THE UNITED STATES ATTORNEY CHARGES:

At all relevant times:

Background

1. **JEREMY DELK** was a resident of the Eastern District of Kentucky.

2. **TAILOR MADE COMPOUNDING LLC ("TMC")** was a Kentucky company formed by **DELK** with its principal place of business in the Eastern District of Kentucky. Located in Nicholasville, Kentucky, **TMC** was at all times subject to the licensure requirements for pharmacies under Kentucky Revised Statutes, Chapter 315. **TMC** received its Kentucky pharmacy license in November 2015. Under Federal law, **TMC** was a 503A compounding pharmacy, as is explained below.

3. The Kentucky Board of Pharmacy, located in Frankfort, Franklin County, in the Eastern District of Kentucky, was statutorily obligated to oversee the implementation of K.R.S. Chapter 315 and to regulate pharmacists, pharmacies, wholesale drug distributors, and others operating in the industries covered by Chapter

315.

4. The Food and Drug Administration ("FDA") of the United States Department of Health and Human Services regulated the manufacture, distribution, and marketing of all drugs shipped or received in interstate commerce through enforcement of the Federal Food, Drug, and Cosmetic Act. 21 U.S.C. § 301, et seq. ("FDCA"). The requirements of the FDCA, in part, were meant to ensure that drugs sold for human use are safe and effective and bear labeling that contains accurate and adequate information.

5. The FDCA defined a "drug" in relevant part, as (1) any article intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animal; (2) any article (other than food) intended to affect the structure or any function of the body; or (3) any article used as a component of either. 21 U.S.C. § 321(g).

6. Under the FDCA, a "new drug" was defined as any drug the composition of which is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use under the conditions prescribed, recommended, or suggested in its labeling. 21 U.S.C. § 321(p). It was a prohibited act for any person to introduce or deliver for introduction or to cause the introduction into interstate commerce any new drug unless it has been the subject of a new drug application approved by FDA. 21 U.S.C. § 331(d), 355(a).

7. Compounding pharmacies that met the conditions of section 503A of the FDCA ("section 503A") qualified for exemption from certain provisions of the FDCA. Those conditions included compliance with current good manufacturing practices (CGMP) (section 501(a)(2)(B)); labeling with adequate directions for use (section

502(f)(1)); FDA approval prior to marketing (section 505); and receipt of valid prescriptions for individually-identified patients. *See* 21 U.S.C. §§ 351(a)(2)(B), 352(f)(1) and 355(a).

8. For a compounded drug product to qualify for exemptions under section 503A, the bulk drug substances used must: (i) comply with the standards of an applicable United States Pharmacopeia (USP) or National Formulary (NF) monograph, if a monograph exists, and the USP chapter on pharmacy compounding; (ii) if such a monograph does not exist, be components of FDA approved drugs; or (iii) if such a monograph does not exist and the drug substance is not a component of an FDA approved drug, it must appear on a list developed by the FDA through regulation ("503A bulks list") (section 503A(b)(1)(A)(i) of the FDCA). Drugs that did not meet these criteria were unapproved new drugs.

9. The FDCA also prohibited any business or person from engaging in the wholesale distribution of prescription drugs unless the business or person had a license from the designated state authority from the state from which the distribution was made and, if the distribution was interstate, also from the designated state authority into which the wholesale distribution was to be delivered. As part of its duties under K.R.S. 315.402, the Kentucky Board of Pharmacy was the designated authority that inspected and licensed wholesale distributors of prescription drugs shipped to and from Kentucky.

10. At no time did TMC apply for or receive a permit, license, or authority from the Kentucky Board of Pharmacy to act as a wholesale distributor of prescription drugs.

11. Selective androgen receptor modulators ("SARMS") were synthetic chemicals designed to mimic the effects of testosterone and other anabolic steroids. Products containing SARMS were often marketed and sold for body-building purposes, to increase muscle mass. FDA issued a public safety alert in 2017 warning consumers about ingesting products containing SARMS because these products had been linked to life-threatening reactions, including liver toxicity, and that these products have the potential to increase the risk of heart attack and stroke. SARMS were an unapproved new drug and did not meet the exemptions under section 503A.

12. Methylcobalamin is a form of vitamin B-12, which the FDA generally recognizes as safe for human consumption, provided it is manufactured and distributed in accordance with relevant state and federal regulations.

COUNT 1
21 U.S.C. §§ 331(t) & 353(e)

13. Paragraphs 1 through 12 are re-alleged and incorporated by reference as if fully set forth herein.

14. Between on or about October 23, 2018, and May 14, 2020, in the Eastern District of Kentucky, and elsewhere,

JEREMY DELK

knowingly engaged in wholesale distribution of a prescription drug, namely Methylcobalamin 10mg/ml 10mL, distributing the drug in interstate commerce in violation of Title 21 of United States Code section 353(e), by at no time licensing TMC as a wholesale distributor with the Board of Pharmacy for the Commonwealth of

Kentucky.

All in violation of Title 21, United States Code, Sections 331(t), 353(e), and 333(b)(1)(D).

COUNT 2
21 U.S.C. §§ 331(d) & 355

15. Paragraphs 1 through 11 are re-alleged and incorporated by reference as if fully set forth herein.

16. From in or about October 25, 2018, through on or about April 1, 2020,

TAILOR MADE COMPOUNDING LLC

introduced, delivered for introduction, and caused the introduction and delivery for introduction into interstate commerce of quantities of new drugs, including SARMS and other substances, that the FDA had not approved for distribution in the United States, from the Eastern District of Kentucky throughout the United States and elsewhere.

All in violation of Title 21, United States Code, Sections 331(d), 355, and 331(a)(1).

FORFEITURE ALLEGATION
21 U.S.C. § 334
28 U.S.C. § 2461

17. Upon conviction of the offense in violation of Title 21, United States Code, Section 331(d) set forth in this Information, the defendant, **TAILOR MADE COMPOUNDING LLC**, shall forfeit to the United States of America the unapproved new drugs that were shipped from the Eastern District of Kentucky to locations throughout the United States, pursuant to Title 21, United States Code, Section 334 and

Title 28, United States Code, Section 2461.

18. Because the above-described forfeitable property has been transferred and sold to third parties, and cannot be located upon the exercise of due diligence, the United States intends to seek a forfeiture money judgment in the amount of $1,788,906.82, pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 28, United States Code, Section 2461(c).

ROBERT M. DUNCAN, JR.
UNITED STATES ATTORNEY

INDIVIDUAL PENALTIES

COUNT 1: Not more than 10 years imprisonment, $250,000 fine, and 3 years supervised release.

PLUS: Mandatory special assessment of $100 per count.

PLUS: Restitution, if applicable.

ORGANIZATION PENALTIES

COUNT 2: Not more than 5 years probation, $1,000 fine, and 1 year supervised release.

PLUS: Mandatory special assessment of $125 per count.

PLUS: Restitution, if applicable.

PLUS: Forfeiture as listed.

Eastern District of Kentucky
FILED
OCT 29 2020
AT LEXINGTON
ROBERT R. CARR
CLERK U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF KENTUCKY
CENTRAL DIVISION
FRANKFORT

CRIMINAL ACTION NO. 3:20-CR-15-GFVT

UNITED STATES OF AMERICA **PLAINTIFF**

V. **PLEA AGREEMENT**

JEREMY DELK **DEFENDANT**

* * * * *

1. Pursuant to Federal Rule of Criminal Procedure 11(c), the Defendant will enter a guilty plea to Count 1 of the Information, charging a violation of 21 U.S.C. § 331(t), unlawful wholesale distribution of prescription drugs.

2. The essential elements of 21 U.S.C. § 331(t) are:

(a) The defendant engaged in wholesale distribution of a prescription drug;

(b) The distribution was in interstate commerce;

(c) The defendant was not licensed by the State from which the drug was distributed; and

(d) The defendant did so knowingly.

3. As to Count 1 of the Information, the United States could prove the following facts that establish the essential elements of the offense beyond a reasonable doubt, and the Defendant admits these facts:

(a) Jeremy Delk was the owner and chief executive officer of Tailor Made Compounding, LLC ("TMC"), a compounding pharmacy located in Nicholasville, Kentucky, in the Eastern District of Kentucky, and subject to the provisions of

Kentucky Revised Statutes, Chapter 315 and the Food, Drug, and Cosmetics Act ("FDCA"). The Kentucky Board of Pharmacy, located in Frankfort, Franklin County, in the Eastern District of Kentucky, is statutorily obligated to oversee the implementation of K.R.S. Chapter 315 and to regulate pharmacists, pharmacies, wholesale drug distributors, and others operating in the industries covered by Chapter 315. Following an on-site inspection by the Kentucky Board of Pharmacy, TMC received its Kentucky pharmacy license in November 2015.

(b) The Food, Drug, and Cosmetics Act prohibits any business or person from engaging in the wholesale distribution of prescription drugs unless the business or person has a license from the designated state authority from which the distribution is made and, if the distribution is interstate, also from the designated state authority into which the wholesale distribution is to be delivered. As part of its duties under K.R.S. 315.402, the Kentucky Board of Pharmacy is the designated authority that inspects and licenses wholesale distributors of prescription drugs shipped to and from Kentucky. At no time did TMC apply for or receive a permit, license, or authority from the Kentucky Board of Pharmacy to act as a wholesale distributor of prescription drugs.

(c) Doctor 1 is a licensed physician who operates an anti-aging/wellness clinic in the Greater Los Angeles, California area. His practice focuses on optimized muscular health, optimized physical fitness, and sex drive, among many others. As part of his treatment of patients, Doctor 1 routinely prescribes various peptides and other drugs designed to enhance vitality, physical strength, and sexual performance. Beginning on October 23, 2018, and continuing through May 14, 2020, Doctor 1 ordered Methylcobalamin 10mg/ml 10mL, a prescription form of vitamin B12, from TMC. Rather than sending individualized, patient-specific prescriptions to TMC as is required by law, Doctor 1 made bulk orders of Methylcobalamin 10mg/ml 10mL without issuing prescriptions or providing accurate patient names. TMC filled these orders, totaling 112 vials, without patient specific names on the vials. TMC sold Doctor 1 bulk, wholesale distributions of Methylcobalamin 10mg/ml 10mL that moved in interstate commerce without the issuance of any individualized prescriptions, all in violation of 21 U.S.C. § 331(t). The volumes of Doctor 1's orders were such that the Methylcobalamin he received was far more than a *de minimis* amount for in-office use.

(d) During the time of the Methylcobalamin wholesale distributions to Doctor 1, Jeremy Delk, as owner and chief executive officer of TMC, was aware that TMC had never applied for permission from the Kentucky Board of Pharmacy for TMC to act as a wholesale distributor of prescription drugs. Despite this knowledge, Jeremy Delk knowingly caused TMC to fill and ship bulk, wholesale

distributions of Methylcobalamin to Doctor 1. When authorities from the FDA and the Kentucky Board of Pharmacy inspected TMC between August 20 and October 24, 2018, Jeremy Delk took steps to hide records of TMC's wholesale distributions of Methylcobalamin, as well as other records.

4. The statutory punishment for the charge in the Information is imprisonment for not more than 10 years, a fine of not more than $250,000, and a term of supervised release of not more than 3 years. A mandatory special assessment of $100 applies, and the Defendant will pay this assessment to the U.S. District Court Clerk at the time of the entry of the plea.

5. Pursuant to Rule 11(c)(1)(B), the United States and the Defendant recommend the following sentencing guidelines calculations, and they may object to or argue in favor of other calculations. This recommendation does not bind the Court.

(a) United States Sentencing Guidelines (U.S.S.G.), November 1, 2018, manual, will determine the Defendant's guidelines range.

(b) Pursuant to U.S.S.G. § 1B1.3, the Defendant's relevant conduct includes the unlawful wholesale distribution of prescription drugs to Doctor 1.

(c) Pursuant to U.S.S.G. § 2N2.1, the base offense level is 6.

(d) Pursuant to U.S.S.G. § 3B1.1, increase the offense level by 2 levels for his role in the offense.

(e) Pursuant to U.S.S.G. § 3C1.1, increase the offense level by 2 levels for obstruction of justice.

(f) Pursuant to U.S.S.G. § 3E1.1 and unless the Defendant commits another crime, obstructs justice, or violates a court order, decrease the offense level by 2 levels for the Defendant's acceptance of responsibility. If the offense level determined prior to this 2-level decrease is level 16 or greater, the United States will move at sentencing to decrease the offense level by 1 additional level based on the Defendant's timely notice of intent to plead guilty.

(g) Pursuant to U.S.S.G. § 5E1.2, a fine is appropriate.

6. No agreement exists about the Defendant's criminal history category pursuant to U.S.S.G. Chapter 4.

7. The Defendant will not file a motion for a decrease in the offense level based on a mitigating role pursuant to U.S.S.G. § 3B1.2 or a departure motion pursuant to U.S.S.G. Chapter 5, Parts H or K. The Defendant also will not seek a sentence below the advisory sentencing guidelines range as set forth in Paragraph 5.

8. The Defendant waives the right to appeal the guilty plea and conviction. The Defendant waives the right to appeal any determination made by the Court at sentencing with the sole exception that the Defendant may appeal any aspect of the sentence if the length of the term of imprisonment exceeds the advisory sentencing guidelines range as set forth in Paragraph 5. Except for claims of ineffective assistance of counsel, the Defendant also waives the right to attack collaterally the guilty plea, conviction, and sentence.

9. The United States will recommend releasing the Defendant on a personal recognizance bond for future court appearances if the Defendant does not violate the terms of the order setting conditions of release.

10. The Defendant agrees to cooperate fully with the United States Attorney's Office by making a full and complete financial disclosure. Within 30 days of pleading guilty, the Defendant agrees to complete and sign a financial disclosure statement or affidavit disclosing all assets in which the Defendant has any interest or over which the Defendant exercises control, directly or indirectly, including those held by a spouse,

nominee, or other third party, and disclosing any transfer of assets that has taken place within three years preceding the entry of this plea agreement. The Defendant will submit to an examination, which may be taken under oath and may include a polygraph examination. The Defendant will not encumber, transfer, or dispose of any monies, property, or assets under the Defendant's custody or control without written approval from the United States Attorney's Office. If the Defendant is ever incarcerated in connection with this case, the Defendant will participate in the Bureau of Prisons Inmate Financial Responsibility Program, regardless of whether the Court specifically directs participation or imposes a schedule of payments. If the Defendant fails to comply with any of the provisions of this paragraph, the United States, in its discretion, may refrain from moving the Court pursuant to U.S.S.G. § 3E1.1(b) to reduce the offense level by one additional level, and may argue that the Defendant should not receive a two-level reduction for acceptance of responsibility under U.S.S.G. § 3E1.1(a).

11. The Defendant understands and agrees that, pursuant to 18 U.S.C. § 3613, whatever monetary penalties are imposed by the Court will be due and payable immediately and subject to immediate enforcement by the United States. If the Court imposes a schedule of payments, the Defendant agrees that it is merely a minimum schedule of payments and not the only method, nor a limitation on the methods, available to the United States to enforce the judgment. The Defendant waives any requirement for demand of payment on any fine, restitution, or assessment imposed by the Court and agrees that any unpaid obligations will be submitted to the United States Treasury for offset. The

Defendant authorizes the United States to obtain the Defendant's credit reports at any time. The Defendant authorizes the U.S. District Court to release funds posted as security for the Defendant's appearance bond in this case, if any, to be applied to satisfy the Defendant's financial obligations contained in the judgment of the Court.

12. Pursuant to Rule 11(c)(1)(A), the United States will not bring additional charges against the Defendant based upon evidence in its possession at the time of the execution of this Agreement and arising out of the Defendant's conduct within the Eastern District of Kentucky, unless the Defendant breaches this Agreement. If the Defendant violates any part of this Agreement, the United States may void this Agreement and seek an indictment for any violations of federal laws, and the Defendant waives any right to challenge the initiation of additional federal charges.

13. This document and the supplement contain the complete and only Plea Agreement between the United States Attorney for the Eastern District of Kentucky and the Defendant. The United States has not made any other promises to the Defendant.

14. This Agreement does not bind the United States Attorney's Offices in other districts, or any other federal, state, or local prosecuting authorities.

15. The Defendant and the Defendant's attorney acknowledge that the Defendant understands this Agreement, that the Defendant's attorney has fully explained this Agreement to the Defendant, and that the Defendant's entry into this Agreement is voluntary.

ROBERT M. DUNCAN, JR.
UNITED STATES ATTORNEY

Date: 9/16/20 By: Kate K Smith
Kate K. Smith
Assistant United States Attorney

Date: 9/9/20
Jeremy Delk
Defendant

Date: 9/16/2020 Kent Wicker w permission to use
Kent Wicker
Attorney for Defendant

APPROVED, this _____ day of _____, _____.

UNITED STATES DISTRICT JUDGE

Eastern District of Kentucky
FILED
OCT 29 2020
AT LEXINGTON
ROBERT R. CARR
CLERK U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF KENTUCKY
CENTRAL DIVISION
FRANKFORT

CRIMINAL ACTION NO. 3:20-CR-15-GFVT

UNITED STATES OF AMERICA **PLAINTIFF**

V. **PLEA AGREEMENT**

TAILOR MADE COMPOUNDING LLC **DEFENDANT**

* * * * *

1. Pursuant to Federal Rule of Criminal Procedure 11(c), the Defendant will enter a guilty plea to Count 2 of the Information, charging a misdemeanor violation of 21 U.S.C. § 331(d), unlawful distribution of unapproved new drugs.

2. The essential elements of 21 U.S.C. § 331(d) are:

(a) The defendant introduced or delivered for introduction into interstate commerce any article; and

(b) In violation of 21 U.S.C. § 355, prohibiting the introduction of new drugs unless an approval of an application filed with respect to such drugs is effective.

3. As to Count 2 of the Information, the United States could prove the following facts that establish the essential elements of the offense beyond a reasonable doubt, and the Defendant admits these facts:

(a) Tailor Made Compounding LLC ("TMC") was a 503(A) compounding pharmacy located in Nicholasville, Kentucky, in the Eastern District of Kentucky, and subject to the provisions of Kentucky Revised Statutes, Chapter 315 and the Food, Drug, and Cosmetic Act ("FDCA"). The Kentucky Board of Pharmacy, located in Frankfort, Franklin County, in the Eastern District of Kentucky, is statutorily obligated to oversee the implementation of K.R.S. Chapter 315 and to

regulate pharmacists, pharmacies, wholesale drug distributors, and others operating in the industries covered by Chapter 315. Following an on-site inspection by the Kentucky Board of Pharmacy, TMC received its Kentucky pharmacy license in November 2015.

(b) The FDCA regulates a broad range of products, including food, drugs, tobacco, and medical devices. The FDCA defines "drug" broadly to include, "(A) articles recognized in the official United States Pharmacopoeia, official Homoeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; and (B) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals; and (C) articles (other than food) intended to affect the structure or any function of the body of man or other animals; and (D) articles intended for use as a component of any article specified in clause (A), (B), or (C)." *See* 21 U.S.C. § 321(g)(1). The FDCA prohibits any business or person from introduction or delivery for introduction into interstate commerce of any article in violation of section 344, 350d, 355, or 360bbb–3 of Title 21. *See* 21 U.S.C. § 331(d). Title 21, Section 355 prohibits the introduction into interstate commerce of any new drug, unless an approval of an application with respect to such drug is effective. *See* 21 U.S.C. § 355. A new drug is defined as any drug the composition of which is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use under the conditions prescribed, recommended, or suggested in their labeling. *See* 21 U.S.C. § 321(p).

(c) Selective androgen receptor modulators ("SARMS") are synthetic chemicals designed to mimic the effects of testosterone and other anabolic steroids. Products containing SARMS are often marketed and sold for body-building purposes, to increase muscle mass. FDA issued a public safety alert in 2017 warning consumers about ingesting products containing SARMS because these products had been linked to life-threatening reactions, including liver toxicity, and that these products have the potential to increase the risk of heart attack and stroke. TMC knew SARMS were drugs that were not approved and had not been subjected to the FDA's new drug application process. Between October 25, 2018 and April 1, 2020, TMC sold SARMS in interstate commerce, in addition to BPC 157, Cerebrolysin, CJC 1295, DSIP, Epitalon, GW 501516, Ipamorelin, LGD-4033, LL-37, Melanotan II, MK 677, PEG-MGF, Selank, and Semax, all of which TMC knew were considered unapproved new drugs under the FDCA. In 2019, TMC received $1,788,906.82 in sales for these products.

4. The statutory punishment for the charge in Count 2 of the Information, for an organizational defendant, is probation for not more than 5 years, a fine of not more than $1,000, and a term of supervised release of not more than 1 year. A mandatory special assessment of $125 applies, and the Defendant will pay this assessment to the U.S. District Court Clerk at the time of the entry of the plea.

5. Pursuant to Rule 11(c)(1)(B), the United States and the Defendant recommend the following sentencing guidelines calculations, and they may object to or argue in favor of other calculations. This recommendation does not bind the Court.

(a) United States Sentencing Guidelines (U.S.S.G.), November 1, 2018, manual, will determine the Defendant's guidelines range.

(b) Pursuant to U.S.S.G. § 1B1.3, the Defendant's relevant conduct includes the unlawful interstate sales of new drugs BPC 157, Cerebrolysin, CJC 1295, DSIP, Epitalon, GW 501516, Ipamorelin, LGD-4033, LL-37, Melanotan II, MK 677, PEG-MGF, SARMS, Selank, and Semax.

(c) Restitution is not applicable pursuant to U.S.S.G. § 8B1.1.

(d) The fine should be determined pursuant to U.S.S.G. § 8C2.1.

(e) Pursuant to U.S.S.G. § 2N2.1(a), the base offense level is 6.

(f) Pursuant to U.S.S.G. § 3E1.1 and unless the Defendant commits another crime, obstructs justice, or violates a court order, decrease the offense level by 2 levels for the Defendant's acceptance of responsibility. If the offense level determined prior to this 2-level decrease is level 16 or greater, the United States will move at sentencing to decrease the offense level by 1 additional level based on the Defendant's timely notice of intent to plead guilty.

6. No agreement exists about the Defendant's criminal history category pursuant to U.S.S.G. Chapter 4.

7. The Defendant will not file a motion for a decrease in the offense level based on a mitigating role pursuant to U.S.S.G. § 3B1.2 or a departure motion pursuant to U.S.S.G. Chapter 5, Parts H or K. The Defendant also will not seek a sentence below the advisory sentencing guidelines range as determined by the Court at sentencing.

8. The Defendant waives the right to appeal the guilty plea, conviction, and sentence. Except for claims of ineffective assistance of counsel, the Defendant also waives the right to attack collaterally the guilty plea, conviction, and sentence.

9. The Defendant will forfeit to the United States all interest in the property listed in the forfeiture allegation of the Information and will execute any documents necessary for this forfeiture. The Defendant also agrees to the imposition of a money judgment in the amount listed in the forfeiture allegation of the Information. The Defendant also agrees the United States can prove the required nexus for forfeiture.

10. The Defendant agrees to cooperate fully with the United States Attorney's Office by making a full and complete financial disclosure. Within 30 days of pleading guilty, the Defendant agrees to complete and sign a financial disclosure statement or affidavit disclosing all assets in which the Defendant has any interest or over which the Defendant exercises control, directly or indirectly, including those held by a spouse, nominee, or other third party, and disclosing any transfer of assets that has taken place within three years preceding the entry of this plea agreement. A representative of the Defendant will submit to an examination, which may be taken under oath and may include a polygraph examination. The Defendant will not encumber, transfer, or dispose of any

monies, property, or assets under the Defendant's custody or control without written approval from the United States Attorney's Office. If the Defendant fails to comply with any of the provisions of this paragraph, the United States, in its discretion, may refrain from moving the Court pursuant to U.S.S.G. § 3E1.1(b) to reduce the offense level by one additional level, and may argue that the Defendant should not receive a two-level reduction for acceptance of responsibility under U.S.S.G. § 3E1.1(a).

11. The Defendant understands and agrees that, pursuant to 18 U.S.C. § 3613, whatever monetary penalties are imposed by the Court will be due and payable immediately and subject to immediate enforcement by the United States. If the Court imposes a schedule of payments, the Defendant agrees that it is merely a minimum schedule of payments and not the only method, nor a limitation on the methods, available to the United States to enforce the judgment. The Defendant waives any requirement for demand of payment on any fine, restitution, or assessment imposed by the Court and agrees that any unpaid obligations will be submitted to the United States Treasury for offset. The Defendant authorizes the United States to obtain the Defendant's credit reports at any time. The Defendant authorizes the U.S. District Court to release funds posted as security for the Defendant's appearance bond in this case, if any, to be applied to satisfy the Defendant's financial obligations contained in the judgment of the Court.

12. Pursuant to Rule 11(c)(1)(A), the United States will not bring additional charges against the Defendant based upon evidence in its possession at the time of the execution of this Agreement and arising out of the Defendant's conduct within the Eastern District of

Kentucky, unless the Defendant breaches this Agreement. If the Defendant violates any part of this Agreement, the United States may void this Agreement and seek an indictment for any violations of federal laws, and the Defendant waives any right to challenge the initiation of additional federal charges.

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ROBERT M. DUNCAN, JR.
UNITED STATES ATTORNEY

Date: 10/29/20 By: _____
Kate K. Smith
Assistant United States Attorney

Date: 10/29/20 _____
Tailor Made Compounding LLC
Defendant

Date: 10/29/20

Brandon W. Marshall
Attorney for Defendant

APPROVED, this _____ day of _____, _____.

UNITED STATES DISTRICT JUDGE

TAILOR MADE
COMPOUNDING

RECEIVED
NOV 18 2020
NEVADA STATE BOARD
OF PHARMACY

November 12, 2020

Nevada State Board of Pharmacy

431 W Plumb Lane

Reno, NV 89509

License #PH03640

Re: Colorado State Board of Pharmacy Case No. 2020-3161

The following is a notification of entry of a stipulation and final agency order between the Colorado State Board of Pharmacy and Tailor Made Compounding Pharmacy.

This stipulation is based on the findings of the 2018 inspection conducted by the U.S. Food and Drug Administration (FDA) and following a published FDA 483 and FDA Warning Letter. Tailor Made Compounding undertook remedial measures during, and immediately following the inspection, such that most of the needed changes were already in place before the inspectors closed their investigation in October 2018. Copies of the FDA 483 report, the FDA Warning Letter and Tailor Made Compounding's responses have previously been provided to your state board of pharmacy.

In consideration of the nature of the discipline, the Colorado State Board of Pharmacy issued a small monetary penalty in which Tailor Made Compounding has already issued payment. See attached.

If there are further questions or concerns, please do not hesitate to contact the undersigned.

John D. Milam, Pharm. D.,

Pharmacist in Charge

Tailor Made Compounding

Tailor Made Compounding, LLC admin@tailormadecompounding.com PHONE 859.887.0013 FAX 859.406.1242

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-3161

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 TAILOR MADE COMPOUNDING, REGISTRATION NO. OSP 6777,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Tailor Made Compounding ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2020-3161, 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 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about March 29, 2016, being issued registration no. OSP 6777, 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 200 Moore Dr., Nicholasville, Kentucky, 40356-8512.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. As a result of an inspection from August 20 through October 24, 2018, the U.S. Food and Drug Administration ("FDA") noted that Respondent Pharmacy voluntarily recalled tesamorelin products produced between June 6 and September 11, 2018 due to an incorrect beyond use date on vial labels, appearing that Respondent Pharmacy produced drug products that violated the Federal Food, Drug, and Cosmetic Act ("FDCA"). During the inspection, the FDA investigator noted that drug products produced by Respondent Pharmacy failed to meet the conditions of section 503A, drug products intended or expected to be sterile were prepared, packed, or held under insanitary conditions, whereby they may have become

contaminated with filth or rendered injurious to health, causing drug products to be adulterated under section 501(a)(2)(A) of the FDCA. Respondent Pharmacy didn't have any FDA-approved applications on file for the ineligible drug products that they compounded. The FDA investigator noted that the ineligible drug products Respondent Pharmacy compounded were intended for conditions not amenable to self-diagnosis and treatment by individuals who were not medical practitioners; therefore, adequate directions for use could not be written so that a layman could use these products safely for their intended uses. Consequently, Respondent Pharmacy's labeling failed to bear adequate directions for their intended uses. Accordingly, these ineligible drug products were misbranded under section 502(f)(1) of the FDCA. The introduction or delivery for introduction into interstate commerce of these products therefore violated section 301(a) of the FDCA. It is also a prohibited act under section 301(k) of the FDCA to do any act with respect to a drug, if such act is done while the drug is held for sale after shipment in interstate commerce and results in the drug being misbranded.

6. 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

12-280-126. 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:

(III) Any state or federal law pertaining to drugs.

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy'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.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to section 12-280-127(5)(a), 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 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 Pharmacy 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 Pharmacy submits this signed Final Agency Order to the Board.

9. **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.

10. **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 sections 12-20-403, 12-280-126, and 12-280-127, 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.

11. **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.

12. **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 section 12-280-127(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.

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 by a Board representative.

ACCEPTED AND AGREED BY

Respondent Pharmacy

John D Mikan Dated: 10/13/20

Authorized Representative

John D. Mikan / PIC

Name/ Title

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 28 day of October, 2020.

State Board of Pharmacy

BY: Dmitry Kunin

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 3rd day of November 2020, addressed as follows:

Tailor Made Compounding
200 Moore Dr.
Nicholasville, KY 40356-8512
Email: admin@tailormadehealth.com

Lana Hyatte
Agent of the Board

13

13A

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: NDC Homecare LLC

Physical Address: 6150 East Tropical Parkway North Las Vegas NV 89115

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

Mailing Address: 402 BNA Drive Ste 500

City: Nashville State: TN Zip Code: 37217

Telephone: 615 366 3225 Fax: none

E-mail: hbeasley@ndc-inc.com Website: www.preferredmedical.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 (MDEG administrator application required)

Name: Ivan Velasquez

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

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

None _____ _____ _____

_____ _____ _____

_____ _____ _____

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

Tammy Beasley
Print Name of Authorized Person

7/28/2021
Date

Board Use Only	Received:	Amount: 500	CHECK # 059316

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler NDC Homecare, LLC

Physical Address 6150 East Tropical Parkway 100, 105 110

City North Las Vegas State NV Zip 89115

Mailing Address (if different from physical address) 402 BNA Drive Ste 500

City Nashville State TN Zip 37217

Telephone 615 366 3225 Website www.preferedmedical.com

Licensing Company Email Compliance@ndc-inc.com

Section 2: Personal Information

First Tammy Middle CAROL Last Beasley

Alias(es, nicknames, name changes, etc.) McGARR Slicer

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] BNA Drive Ste [redacted]

City Nashville State TN Zip 37217

Telephone [redacted] Email tbeasley@ndc-inc.com

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.)		X
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.)		X
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.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
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?		n/a

Applicant's initials [signature] 1

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)
DeKalb Co High School		85-88
Address	**City**	**State** / **Zip**
Hwy 70	Smithville	TN 37166
Diploma/Degree obtained, if any		
diploma		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2021-present	[redacted] Rosecrans Cir	LaVergne	TN	37086
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: NDC + NDC Homecare			From - To (MM/YY – MM/YY): 2009 - present	
Business Address: 402 BNA Drive Ste 500	City: Nashville	State: TN	Zip: 37217	
Phone: 615 316 3335	Title: Sr manager of Compliance			
Description of Duties: all duties related to regulatory compliance + Sales tax				

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/26/2021
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tammy Beasley

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/23/21

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Davidson

I, Everett A. Hall, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/23/2021

Date

Subscribed and Sworn to before me this 23rd day of August.

Everett A. Hall

Notary Public Signature

EVERETT A. HALL
TENNESSEE NOTARY PUBLIC
My Comm Exp. March 8, 2022
COUNTY OF DAVIDSON

(Seal)

Applicant's initials

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: MDC Intermediate Holdings LLC %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: MDC Intermediate Holdings LLC

Mailing Address: 402 BNA Drive Ste 500

City Nashville State: TN Zip Code: 37217

Telephone Number: 615 366 3225 Fax Number: none

Contact Person: Tammy Boaster

PARTNERSHIP

Include with the application for a partnership No person 100% is own by another LLC

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*.

Business
402 BNA Drive Suite 500
Nashville TN 37217
And all locations

Officers
Mark Seitz 0%
[redacted]Whistler Cove
Franklin TN 37067
[redacted]

Michael Joseph Kovacich Jr. 0%
[redacted] Admiral Dr
Atlanta, GA 30341
[redacted]

Tammy Beasley
[redacted] Rosecran Circle 0%
LaVergne, TN 37086
[redacted]

Sole Member
NDC Intermediate LLC 100%

State of incorporation Delaware

Current hours of operation 7:30 a.m. to 4:30 p.m. central standard time. We are a wholesale distribution center only.

NDC Home Care, LLC. including the officers, directors, etc. have not had any past criminal convictions and violations of the state and federal laws regarding drugs or devices or have not been involved in, or convicted of any criminal or prohibited acts.

Mary Volmar
Senior Vice President

Marsh USA Inc.
1111 Northshore Drive Suite N-550
Knoxville, TN 37919
8657697766
Mary.Y.Volmar@marsh.com
www.marsh.com

July 28, 2021

Tammy Beasley
NDC
402 BNA Dr. Ste 500
Nashville, TN 37217

Subject: New Bond

Principal: NDC Homecare LLC
Obligee: Nevada State Board of Pharmacy
Bond Description: Pharmaceutical Wholesaler
Bond Amount: $100,000.00
Bond Number: 107452312
Surety Name: Travelers Casualty and Surety Company of America
Bond Effective Date: July 28, 2021

Dear Tammy:

Enclosed is the above-referenced bond in response to your request dated 07/28/2021. 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 $1,000.00. Marsh will receive 40.00% 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,

Mary Volmar, Senior Vice President

Enclosure

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. 107452312

Application/License No. _____

NDC Homecare LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6150 East Tropical Parkway, Stes 100,105,110, North Las Vegas, NV 89115 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of 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 06183-6014 (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 July 28, 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 28 day of July, 2021.

APPLICANT/PRINCIPAL

NDC Homecare LLC

Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America

Surety Company's Representative

Mary Y. Volmar, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Julie Karnes

Witness Lori A. Wright

Countersigned by:

N/A

Nevada Resident Agent

N/A

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 Mary Y. Volmar of Knoxville, Tennessee, their true and lawful Attorney(s)-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 **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, 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, 2026**

_____
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 each of the Companies, 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 each 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 remains in full force and effect.

Dated this 28th day of July, 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(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2020

CAPITAL STOCK $ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	$ 239,403,348	UNEARNED PREMIUMS	$ 1,121,070,380
BONDS	3,831,156,861	LOSSES	1,003,200,666
STOCKS	109,074,035	LOSS ADJUSTMENT EXPENSES	163,346,678
INVESTMENT INCOME DUE AND ACCRUED	36,856,709	COMMISSIONS	48,805,693
OTHER INVESTED ASSETS	4,970,512	TAXES, LICENSES AND FEES	13,561,421
PREMIUM BALANCES	277,653,788	OTHER EXPENSES	42,506,558
NET DEFERRED TAX ASSET	55,188,715	CURRENT FEDERAL AND FOREIGN INCOME TAXES	4,865,484
REINSURANCE RECOVERABLE	32,553,518	REMITTANCES AND ITEMS NOT ALLOCATED	8,646,391
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	34,876,347	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	42,228,250
OTHER ASSETS	4,155,794	POLICYHOLDER DIVIDENDS	12,353,304
		PROVISION FOR REINSURANCE	7,930,280
		ADVANCE PREMIUM	1,867,512
		CEDED REINSURANCE NET PREMIUMS PAYABLE	63,102,972
		RETROACTIVE REINSURANCE RESERVE ASSUMED	800,763
		OTHER ACCRUED EXPENSES AND LIABILITIES	568,668
		TOTAL LIABILITIES	$2,534,855,020
		CAPITAL STOCK	$6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,650,750,847
		TOTAL SURPLUS TO POLICYHOLDERS	$2,091,034,607
TOTAL ASSETS	$ 4,625,889,627	TOTAL LIABILITIES & SURPLUS	$4,625,889,627

STATE OF CONNECTICUT)

COUNTY OF HARTFORD) SS.

CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2020.

VICE PRESIDENT - FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
26TH DAY OF MARCH, 2021

NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 8/20/2021

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDC Homecare LLC

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:

Velasquez	Ivan	2
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Calle Montery st	Las Vegas	NV, 89117
Present Residence Address-Street or RFD	City	State/Zip

Dates

Present Business Address	City	State/Zip

Dates

Present Position with the MDEG

Phone: _____ Fax: _____

Email address: _____

[redacted]	Managua, Nicaragua
Date of Birth	Place of Birth (City, County, State)

55	[redacted]	Male
Age	Social Security Number or ITIN	Sex

Brown	Brown	215	5'7"
Color of Eyes	Color of Hair	Weight	Height

Scars, tattoos or distinguishing marks and/or characteristics _____

Are you a citizen of the United States? Yes (No)

If alien, registration No [redacted]

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
05/2001	Baxalta Inc, 15903 strathern st, Van Nuys CA 91405	19 years
Title	**Description of Duties**	**Name of Supervisor**
Sr QA	Inspection and Release of Raw Materials and Finish products.	Karla Ocasio

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

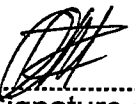
TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph_____

I, Ivan Velasquez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



Original Signature of Applicant

Darlene Nases

From: Darlene Nases
Sent: Thursday, August 26, 2021 7:30 AM
To: 'Tammy Beasley'
Cc: Mark I. Sedar; Olivia Mora
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (~~La Vergne, TN~~) - Need more information

Got it. Thanks for the clarification.
I will print this email out and attach to the application.

In the event, someone questions why this application is "No".

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
dnases@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Tammy Beasley <tbeasley@ndc-inc.com>
Sent: Thursday, August 26, 2021 7:20 AM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (~~La Vergne, TN~~) - Need more information

He is not a owner, shareholder or partner. He is an officer/director. We may have answered incorrectly in the past. Just let me know I will update all forms and resubmit if necessary.

Tammy Beasley | Sr. Manager, Compliance

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: Tammy Beasley <tbeasley@ndc-inc.com>
Sent: Thursday, August 26, 2021 5:53 AM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (~~La Vergne, TN~~) - Need more information

Ok I can update that but when we read the new applications you published this did not fit the description of the current question. Do you still need me to add this? If so I will. I had him read the question as well and he stated it no longer fit the description.

Please let me know as I just mailed two new applications for a location in Las Vegas we are opening.

Thanks for you help and information on this.

Tammy Beasley | Sr. Manager, Compliance

NDC Delivering Efficiency to Healthcare

402 BNA Dr. Ste 500, Nashville, TN 37217
direct: 615.366.3225 | **cell:** 615.300.9051 | **fax:** 615.208.1679
website | facebook | twitter | linkedin

From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Wednesday, August 25, 2021 4:31 PM
To: Tammy Beasley <tbeasley@ndc-inc.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: RE: Out of State MDEG Application - NDC Homecare LLC (~~La Vergne, TN~~) - Need more information

Hello Tammy,

I am following up on this email.

As a courtesy, your previous application disclosed a reckless misdemeanor against Mark Seitz.
Your current applications does not have Mark's disclosure notated.

Please be advise that your current application and future applications should have this disclosure mentioned.

Would you like us to update the application? If so, please provide the court documents and explanation of events that occurred.

Regards,

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/03/2021

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 Marsh Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 CN132167684--GAUWP-21-22	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED NDC Homecare, LLC 402 BNA Drive, Suite 500 Nashville, TN 37217	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Hartford Fire Insurance Company — 19682 INSURER B : N/A — N/A INSURER C : Hartford Insurance Company Of Midwest — 37478 INSURER D : N/A — N/A INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** LOS-002556501-05 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X		20 UUN TB6219	09/30/2020	09/30/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$ 10,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PERSONAL & ADV INJURY	$ 1,000,000
	OTHER:						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$
								$
A	AUTOMOBILE LIABILITY	X		20 UUN TB6219	09/30/2020	09/30/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		20 WE RU8442	09/30/2020	09/30/2021	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N]						E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

Where required by contract: (1) Harsch Investment Properties Management, LLC, Harsch Investment Properties, and all affiliates are included as additional insureds (except for workers' compensation); (2). General Liability coverage is primary and non-contributory. In respect to Tropical Speedway, 6150 E. Tropical Parkway Suites 100, 105, 110, North Las Vegas, NV 89115

CERTIFICATE HOLDER

Harsch Investment Properties, LLC
and all affiliates
3111 S. Valley View Blvd., Suite K101
Las Vegas, NV 89101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services

Anne M. Martens

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AGENCY CUSTOMER ID: CN132167684
LOC #: Los Angeles

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh Risk & Insurance Services	NDC Homecare, LLC 402 BNA Drive, Suite 500 Nashville, TN 37217
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

Property:
Carrier: Hartford Fire Insurance Company
Policy No: 20 UUN TB6219
Blanket Building and Personal Property: $43,600,000
Business Income: $32,621,367
Deductible: $10,000
Other deductibles may apply as per policy terms and conditions.

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, 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 AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

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

Jeffrey W. Bullock, Secretary of State

6333287 8300

SR# 20213115130

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

Authentication: 204039149

Date: 08-30-21

13B

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: ORTHOPEDIC SERVICES OF UTAH, INC.

Physical Address: 5575 S DURANGO DR STE 111

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

Mailing Address: 5575 S DURANGO DR STE 111

City: LAS VEGAS State: NV Zip Code: 89113

Telephone: 702-292-4355 Fax: 702-947-4786

E-mail: brandon@cottonmed.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: to Thu: 8 to 5

Fri: 8 to 5 Sat: Appt to Only Sun: Appt to Only Holidays: Appt to Only

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Brandon Cotton

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

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare PTAN	0420950001	
Medicaid Provider ID	870446896008	

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

Brandon Cotton
Print Name of Authorized Person

04/19/21
Date

Board Use Only	Received:_____	Amount: 500 Check #635102

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Utah

Parent Company if any: _____

Corporation Name: ORTHOPEDIC SERVICES OF UTAH, INC.

Mailing Address: 5575 S DURANGO DR STE 111

City: LAS VEGAS State: Zip: NV 89113 Telephone: (702) 292-4355

Fax: (702) 947-4786 Contact Person: Brandon Cotton

For any corporation non publicly traded, disclose the following:

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

a) Christopher Dowling (Name) 5575 S DURANGO DR STE 111, LAS VEGAS NV 89113 (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. 50,000

3) What was the price paid per share? .02

4) What date did the corporation actually receive the cash assets? 06/03/87

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 04/19/21

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 MDEG - ORTHOTICS AND PROSTHETICS
Nature of License

ORTHOPEDIC SERVICES OF UTAH, INC. 5575 S DURANGO DR STE 111, 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:

Last Name DOWLING | First Name CHRIS | Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD | City | State/Zip

5575 S DURANGO DR STE 111 | LAS VEGAS | NV/89113

Present Business Address | Dates | City | State/Zip

Occupation | Dates | Phone: Residence

DURABLE MEDICAL EQUIPMENT | Business (702) 292-4355

Date of Birth [redacted] | Place of Birth (City, County, State)

CLEVELAND, CUYAHOGA OHIO

Age | Social Security Number | Sex

M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BLUE	GREY	WHITE	195	MEDIUM	6'2"

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 CD

MARITAL INFORMATION-Continued

A. **Current Marriage** Date AUG 26, 1971

Spouse's full name (Maiden) SHERYL DOWLING City, County and State S.S. No. [redacted]

Date of Birth [redacted] Place of Birth Burley, IDAHO

Resident address [redacted] EAST 1500 NORTH OREM UT 84097
Street City State Zip

Telephone: Residence [redacted] Business 801-224-4700

Spouse's employer THE DANCE CLUB Occupation OWNER

Address of employer 983 North State St. OREM UT 84057
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

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
CHRISTOPHER M. DOWLING	[redacted]	PROVO UT	NEW PROVIDENCE NJ
JOCELN FAITH	[redacted]	PROVO UT	DRAPER UT
JACLYN FORD	[redacted]	PROVO UT	NEW YORK, NY

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 CD

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	DECEASED			
Mother	DECEASED			
Father-in-Law	DECEASED			
Mother-in-Law	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
	Emmett Dowling III	[redacted]	Henderson, NV	Retired
Spouse	N/A			
	BRIAN J DOWLING	[redacted]	NEW HAVEN CT	Retired
Spouse	N/A			
	Dennis Dowling	[redacted]	Fountain Hills AZ	Retired
Spouse	NA			
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Ann's	Cleveland OH	1955 - 1963	Yes ☒ No ☐
High School	St. Ignatius	Cleveland OH	1963 - 1967	Yes ☒ No ☐
College University	BRIGHAM YOUNG	PROVO, UT	1967 - 1971	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any BA, BS,

College or university where obtained BYU

Applicant's initial CD

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 CUYAHOGA State OHIO Date registered 1967

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..... CD .....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
11/1978 – JULY 2001	1914 N. 50 WEST	OREM	UTAH
JULY 2001 to Present	[redacted] E 1550 N.	OREM	UTAH

Applicant's initial CD

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
9/72 - 6/73	College du Le Mans, Geneva Switzerland	CAME HOME
Title	**Description of Duties**	**Name of Supervisor**
Teacher	Teaching English, Soc Studies	Mr. NAVAR
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
9/73 - 9/80	STATE FARM INSURANCE, EREAL VIEW	STARTED NEW BUSINES
Title	**Description of Duties**	**Name of Supervisor**
AGENT	Insurance Sales	Russ Price
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
9/80 - 9-89	Thermax Corp (no longer in business)	Company Closed
Title	**Description of Duties**	**Name of Supervisor**
VP Sales	SALES	Steve Campbell
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
9-89 - Present	Ortho Svcs of UT Orem UT	STILL WORKING
Title	**Description of Duties**	**Name of Supervisor**
Owner	CEO	N/A
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**

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 DENNIS DUFFIN	Home [redacted]	N. 450 E	OREM	UT 84097	[redacted]	15 yrs
Employer Retired	Business					
Name STEVE CAMPBELL	Home [redacted]	WEST BROADWAY	SLC	UT 8401	[redacted]	35 yrs
Employer LIMITLESS	Business	NETWORK MARKETING				
Name BOB CLUFF	Home [redacted]	N. 250 EAST,	OREM	UT 84057	[redacted]	
Employer REXALL	Business	NUTRITION				
Name CHUCK WARNICK	Home [redacted]	E 1600 N.	OREM	UT 84057	[redacted]	
Employer Retired	Business					
Name PETE Peterson	Home [redacted]	EAST 1550 N.	OREM	UT 84097	[redacted]	
Employer Retired	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.

PRESENTLY - ORTHOPEDIC SERVICES OF UTAH
555 S. STATE ST.
OREM UTAH 84058
CITY BUSINESS LICENSE
STATE PHARMACY LICENSE FOR DURABLE MEDICAL EQUIPMENT

Applicant's initial OSD

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 4/30/19

Applicant's initial CBS

STATE OF Utah

ss.

COUNTY OF Utah

I, CHRIS DOWLING, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Chris Dowling

Original Signature of Applicant

Subscribed and Sworn to before me this 19th day of April, 2021

Notary Public

(seal)

NOTARY PUBLIC
JEREMY J PETERSON
COMM. # 706844
MY COMMISSION EXPIRES
JUNE 18, 2023
STATE OF UTAH

Applicant's initial

Lorem ipsum

ORTH070

OP ID: SVD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/11/2020

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 800-544-2672 Affinity Insurance Services 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034	CONTACT NAME: PHONE (A/C, No, Ext): 800-544-2672 FAX (A/C, No): 847-853-4779 E-MAIL ADDRESS:
INSURED Orthopedic Services Of Utah Inc 415 East 1550 North Orem, UT 84097	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: CNA INSURER B: CNA 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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT [X] LOC OTHER:			6024929718	08/11/2020	08/11/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			6024929718	08/11/2020	08/11/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB EXCESS LIAB DED X RETENTION $ 10000			6024929797	08/11/2020	08/11/2021	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
	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	$ $ $
B	Professional Liab.			658730244	08/11/2020	08/11/2021	Per Claim Aggregate	2,000,000 4,000,000

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

CERTIFICATE HOLDER

NAT1012

NATIONAL SUPPLIER
CLEARINGHOUSE - AG-495
PALMETTO GBA
P O 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

ACORD 25 (2016/03)

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Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

04/19/2021
968348-014204192021-2923961

CERTIFICATE OF EXISTENCE

Registration Number:	968348-0142
Business Name:	ORTHOPEDIC SERVICES OF UTAH, INC
Registered Date:	June 03, 1987
Entity Type:	Corporation - Domestic - Profit
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

Orthopedic Services of Utah, Inc.
5575 S. Durango Dr. Ste 111
Las Vegas, NV 89113

To Whom It May Concern:

Please consider this our list of officers and directors for the corporation.

Christopher Dowling : President, Secretary, Treasurer, Director

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ORTHOPEDIC SERVICES OF UTAH MDEG License # (if applicable) _____

Physical Address 5575 S. DURANGO DR. STE 111

City LAS VEGAS State NV Zip 89113

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First JESSIKA Middle _____ Last TOMPKINS

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] BLUE DIAMOND RD UNIT [redacted]

City LAS VEGAS State NV Zip 89139

Telephone [redacted] Email JESSIKA@MEDLINKNV.COM

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.)		X
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.)		X
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.)		X

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.)		X
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?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
UNIVERSITY OF ALABAMA			07/2010-12/2011	
Address	**City**		**State**	**Zip**
801 UNIVERSITY BLVD	TUSCALOOSA		AL	35401
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
TEXAS TECH UNIVERSITY				
Address	**City**		**State**	**Zip**
2500 BROADWAY	LUBBOCK		TX	79409
Diploma/Degree obtained, if any				
BACHELORS OF SCIENCE				

School Name			From - To (MM/YY – MM/YY)	
BRIGHAM YOUNG UNIVERSITY				
Address	**City**		**State**	**Zip**
102 MSRB	PROVO		UT	84604
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
VICTOR VALLEY COMMUNITY COLLEGE			2003-2005	
Address	**City**		**State**	**Zip**
18422 BEAR VALLEY RD	VICTORVILLE		CA	92395
Diploma/Degree obtained, if any				
ASSOCIATES OF SCIENCE				

School Name			From - To (MM/YY – MM/YY)	
SERRANO HIGH SCHOOL			2003-2005	
Address	**City**		**State**	**Zip**
9292 SHEEPCREEK RD	PHELAN		CA	92371
Diploma/Degree obtained, if any				
HIGH SCHOOL DIPLOMA				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2020-CURRENT	[redacted] BLUE DIAMOND RD UNIT [redacted]	LAS VEGAS	NV	89139
12/2018-08/2020	5155 S. TORREY PINES DR UNIT 1123	LAS VEGAS	NV	89118
10/2017-12/2018	9893 NEEDLES DR.	MOHAVE VALLEY	AZ	86440
01/2015-10/2017	1285 REDONDO LN	BULLHEAD CITY	AZ	86442
05/2013-05/2017	2178 HIGHRIDGE DR	CORONA	CA	92879
2011-2013	1994 MINNESOTA LN	GULF SHORES	AL	36542
2010-2011	5107 TERRA LAKE CIRCE	PERDIDO KEY	FL	32507
2009-2011	951 FIRTHWOOD LN	CONROE	TX	77301

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)
SELF EMPLOYED			2018-CURRENT
Business Address	**City**	**State**	**Zip**
6614 BLUE DIAMOND RD UNIT 1182	LAS VEGAS	NV	89118
Phone	**Title**	**Number of Employed Hours**	
8056602074		8,640	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
BRACE-YOURSELF			2017-2020
Business Address	**City**	**State**	**Zip**
5575 S. DURANGO DR. STE 111	LAS VEGAS	NV	89113
Phone	**Title**	**Number of Employed Hours**	
		5,760	
Description of Duties			
ORDER DME EQUIPMENT, PLACING DME EQUIPMENT, SIZING & FITTING DME EQUIPMENT, MAINTAINING COMPLIANCE WITH CMS GUIDELINES, PROPERLY CHARTING ALL SALES, PLACEMENTS, AND LIENS.			

Business Name			From - To (MM/YY – MM/YY)
SILVERCREEK MEDICAL ASSOCIATES			2013-2017
Business Address	**City**	**State**	**Zip**
2767 SILVERCREEK RD STE A	BULLHEAD CITY	AZ	86442
Phone	**Title**	**Number of Employed Hours**	
	PRACTICE MANAGER	7,200	
Description of Duties			
HIRING NEW STAFF, NEGOTIATING EMPLOYEE BENEFITS, DEVELOPING PERSONNEL POLICIES, RESOLVING LABOR CONFLICTS, ORDERING MEDICAL SUPPLIES, ENSURING COMPLIANCE WITH ALL GOVERNMENT GUIDELINES, GUARANTEEING MEDICAL RECORDS ARE STORED PROPERLY, COMPLETING PAYROLL, AND PREPARING TAXES.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**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		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	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?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

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)

07/06/2021

Date

I, Jessika Tompkins, certify that as the MDEG Administrator for ORTHOPEDIC SERVICES OF UTAH,

that I (initial that you have read and meet the following requirements):

1. JT Have a high school diploma or its equivalent;
2. JT 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. JT 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. JT 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.

Jessika Tompkins

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/06/2021

Date

Board Use Only	Date Received:

13C

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: PLATINUM MEDICAL SUPPLIES, LLC

Physical Address: 1555 E. FLAMINGO RD SUITE 117 LAS VEGAS, NV 89119

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

Mailing Address: SAME AS ABOVE

City:_____ State:_____ Zip Code: _____

Telephone: 702-476-5597 Fax: 702 442-8797

E-mail: PLATINUMDMESUPPLIER@GMAIL.COM Website: TBD

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9A to 5PM

Fri: 9AM to 5PM Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: LEIZEL T. JACOBSEN

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

VS

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: LEIZEL T. JACOBSEN Telephone: 702-476-5597

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? (EMPLOYED AS AN RT) 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: LEIZEL T. JAVIER

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.

Leizel T. Jacobsen

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

LEIZEL T. JACOBSEN

Print Name of Authorized Person

05/20/2021

Date

Board Use Only	Received:_____	Amount: 500 Check #0091

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: LEIZEL T. JACOBSEN

Business Name: PLATINUM MEDICAL SUPPLIES, LLC

Current Business Address: 1555 E. FLAMINGO ROAD SUITE 117

City: LAS VEGAS State: NV Zip: 89119

Telephone: 702 476 5597 Fax: 702 442 8797

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 Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler PLATINUM MEDICAL SUPPLIES, LLC

Physical Address 1555 E FLAMINGO ROAD SUITE 117

City LAS VEGAS State NV Zip 89119

Mailing Address (if different from physical address) SAME AS ABOVE

City _____ State _____ Zip _____

Telephone 702-476-5597 Website WWW.PLATINUMMEDICAL.SUPPLIES

Licensing Company Email PLATINUMDMESUPPLIER@GMAIL.COM

Section 2: Personal Information

First LEIZEL Middle TRINIDAD Last JACOBSEN

Alias(es, nicknames, name changes, etc.) LEIZEL SALES TRINIDAD/LEIZEL T. MYLES/LEIZEL T. DELEON

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address 1555 E FLAMINGO ROAD SUITE 117

City LAS VEGAS State NV Zip 89119

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials LTJ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CARRINGTON COLLEGE		09/2010-11/2013	
Address	**City**	**State**	**Zip**
5740 S EASTERN AVE #140	LAS VEGAS	NV	89119
Diploma/Degree obtained, if any			
ASSOCIATES OF SCIENCE IN RESPIRATORY THERAPY			

School Name		From - To (MM/YY – MM/YY)	
ART INSTITUTE OF LAS VEGAS		09/2001-05/2003	
Address	**City**	**State**	**Zip**
2350 CORPORATE CIRCLE DRIVE	HENDERSON	NV	89074
Diploma/Degree obtained, if any			
ASSOCIATES OF ARTS IN INTERIOR DESIGN			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF SANTO TOMAS		06/1993- 11/1996	
Address	**City**	**State**	**Zip**
ESPANA BLVD SAMPALOC MANILA	PHILIPPINES		
Diploma/Degree obtained, if any			
BACHELOR OF FINE ARTS IN INTERIOR DESIGN			

School Name		From - To (MM/YY – MM/YY)	
ASSUMPTION ANTIPOLO HIGHSCHOOL		06/1989- 03/1993	
Address	**City**	**State**	**Zip**
1870 SUMULONG HIGHWAY, ANTIPOLO RIZAL	PHILIPPINES		
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2019-PRESENT	[redacted] BOBBY BASIN AVE	HENDERSON	NV	89014
05/2018-05/2019	1146 BOBBY BASIN AVE	HENDERSON	NV	89014
05/2016-05/2018	8985 S DURANGO DR APT 1108	LAS VEGAS	NV	89113
03/2015-05/2016	353 E BONNEVILLE AVE	LAS VEGAS	NV	89101
04/2010-03/2015	10813 MERRIMACK AVE	LAS VEGAS	NV	89166
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
PLATINUM CARE NEVADA, INC.			09/2020 - PRESENT
Business Address	**City**	**State**	**Zip**
1555 E FLAMINGO RD SUITE 117	LAS VEGAS	NV	89119
Phone	**Title**		
702-476-5597	ADMINISTRATOR		

Description of Duties

MANAGE DAILY OPERATIONS OF THE COMPANY. MANAGE CAREGIVER PLACEMENTS AND SKILLS TRAINING. PERFORM ASSESSMENTS TO QUALIFY NEW CLIENTS FOR PERSONAL CARE ASSISTANCE

Business Name			From - To (MM/YY – MM/YY)
PREFERRED HOME CARE			07/2016-09/2020
Business Address	**City**	**State**	**Zip**
871 GRIER DRIVE SUITE C	LAS VEGAS	NV	89119
Phone	**Title**		
702-951-6900	RESPIRATORY THERAPIST		

Description of Duties

DELIVERY, SETUP AND INSTRUCT OF RESPIRATORY MEDICAL EQUIPMENTS IN PATIENTS HOMES IN ACCORDANCE WITH PHYSICIAN PRESCRIPTION ORDERS.

Business Name			From - To (MM/YY – MM/YY)
ART OF THERAPY COMPREHENSIVE REHABILITATION FACILITY			09/2015-/3/2016
Business Address	**City**	**State**	**Zip**
9484 W LAKEMEAD BLVD SUITE 8	LAS VEGAS	NV	89134
Phone	**Title**		
BUSINESS CLOSED	RESPIRATORY THERAPIST/MARKETING COMMUNITY LIAISON		

Description of Duties

DEVELOP CLIENT RELATIONSHIP AND MARKETING STRATEGIES WITH MEDICAL COMMUNITY. PERFORM EVALUATION AND PULOMONARY REHABILITATION TREATMENT PLANS WITH RESPIRATORY PATIENTS.

Business Name			From - To (MM/YY – MM/YY)
PTSN, INC			05/2003-09/2016
Business Address	**City**	**State**	**Zip**
2540 SO MARYLAND PKWY #115	LAS VEGAS	NV	89109
Phone	**Title**		
702-530-0706	EDITOR IN CHIEF		

Description of Duties

IN CHARGE OF OVERALL QUALITY AND CONTENT OF PUBLICATION. ACT AS OFFICIAL REPRESENTATIVE TO ALL EXTERNAL AFFAIRS.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials LTJ

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials LTJ

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.

LEIZEL T. JACOBSEN
Print Name (First, Last)

Leizel T. Jacobsen — 05/24/2021
Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, LEIZEL T. JACOBSEN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Leizel T. Jacobsen — 05/24/2021
Original Signature **Date**

Subscribed and Sworn to before me this 24th day of MAY, 2021.

Maria Victoria Campita - Visoky
Notary Public Signature

MARIA VICTORIA CAMPITA VISOKY
Notary Public State of Nevada
No. 06-105311-1
My Appt. Exp. February 2, 2022

(Seal)

Applicant's initials LTJ

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/24/2021

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	CONTACT NAME: Sarai Diaz	
Family Trust Insurance, LLC 6420 W. Spring Mountain Road, Ste #20 Las Vegas, NV 89146	PHONE (A/C, No, Ext): 702-212-3838	FAX (A/C, No): 888-388-1098
	E-MAIL ADDRESS: sarai@familytrustins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : CNA Insurance	20443
INSURED Platinum Medical Supplies LLC Leizel T Jacobsen 1555 East Flamingo Rd suite 117 Las Vegas, NV 89119	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 00013105-30818** **REVISION NUMBER: 2**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			7012788668	05/25/2021	05/25/2022	EACH OCCURRENCE	$ 2,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER:							$
	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 Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (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	$

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

Certificate holder is named insured.

CERTIFICATE HOLDER	CANCELLATION
Leizel T Jacobsen	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 (SAR)

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APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 05/04/2021

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 LEIZEL TRINIDAD JACOBSEN

Nature of MDEG

PLATINUM MEDICAL SUPPLIES - 1555 E. FLAMINGO RD SUITE 117 LAS VEGAS, NV 89119

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

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
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 LT

1. PERSONAL INFORMATION:

JACOBSEN (Last Name) | LEIZEL (First Name) | TRINIDAD (Middle Name)

LEIZEL SAMES TRINIDAD / LEIZEL T. MYLES / LEIZEL T. DELSON
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] BOBBY BASIN AVE (Present Residence Address-Street or RFD) | HENDERSON (City) | NV 89014 (State/Zip)

1555 E FLAMINGO RD #117 (Present Business Address) Dates | LAS VEGAS (City) | NV 89119 (State/Zip)

ADMINISTRATOR (Present Position with the MDEG) Dates

Phone: [redacted] Fax: 702 442 8797

Email address: [redacted]

[redacted] (Date of Birth) | MANILA, PHILIPPINES (Place of Birth (City, County, State))

45 (Age) | [redacted] (Social Security Number or ITIN) | F (Sex)

BROWN (Color of Eyes) | BROWN (Color of Hair) | 145 lbs (Weight) | 5'2" (Height)

Scars, tattoos or distinguishing marks and/or characteristics

ARIES ZODIAC SIGN TATTOO ON RIGHT SHOULDER BACK.

Are you a citizen of the United States? (Yes) No

If alien, registration No

If naturalized, certificate No [redacted] Date 9/15/2006

Place LAS VEGAS, NEVADA (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
JULY 2016	PREFERRED HOMECARE 8716 RIVER DR STE C LAS VEGAS, NV 89119	7,680 Hours
Title	**Description of Duties**	**Name of Supervisor**
RESPIRATORY THERAPIST	DELIVERY, SETUP, INSTRUCT IN PURPOSE OF MEDICAL EQUIPMENT IN ACCORDANCE TO PHYSICIAN ORDERS	RICHARD SAVAGE
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

If you answer No to questions 4, 5 or 6 please provide a written

.....

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.....

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A1

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Date of pl

DATE TAKEN 05/05/21

I, LEIZEL TRINIDAD JACOBSEN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Leizel T. Jacobsen, RPT

Original Signature of Applicant

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Platinum Medical Supplies LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/04/2021, 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 05/27/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202105271706936
You may verify this certificate online at http://www.nvsos.gov

Darlene Nases

From: Platinum Medical Supplies <platinumdmesupplier@gmail.com>
Sent: Friday, May 28, 2021 9:18 PM
To: Darlene Nases
Subject: Re: MDEG Application - Platinum Medical Supplies, LLC - Need more information
Attachments: Cert of Good Standing Platinum Medical Supplies LLC(1).pdf

Hello Darlene

Please see attached Certificate of Good Standing for my new company, **PLATINUM MEDICAL SUPPLIES, LLC**. To answer your other question, I do have an active license as a Respiratory Therapist however I am not working in the field of Respiratory Care or in any Medical facility. I am working currently as an Administrator for a Personal Care Assistance which is a Non-Medical Home Care services agency.

I hope I have addressed your concerns. Please feel free to contact me directly if you have any more questions. I can be best reached on my cell phone [redacted] or through this email address.

Thank you and have a great day.

Sincerely,

Leizel T. Jacobsen
Owner/Administrator
PLATINUM MEDICAL SUPPLIES. LLC

On Thu, May 27, 2021 at 3:30 PM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

To whom it may concern:

I received your MDEG application. However, we do require more information for your application to be complete.

Can you please provide the below information? I can attach it to your application.

- 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
- Per NAC 639.6943, I see that Leizel Jacobsen is employed as a Respiratory Therapist. Is she currently working as a RT?

Thank you!

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.

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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
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Hikma Specialty USA Inc.

Physical Address: 1900 Arlingate Lane

City: Columbus State: OH Zip Code: 43228

Telephone Number: (614) 241-4125 Fax Number: N/A

Toll Free Number: N/A

E-mail: cbonny@hikma.com Website: https://hikma-specialty.com/

Facility Manager: Christopher Bonny

Professional qualifications and experience of facility manager:
See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Christopher Bonny
Print Name of Authorized Person

01/26/2021
Date

Board Use Only Date Processed: 4/5/2021 Amount: 500 ✓ Processed

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Eurohealth (U.S.A.), Inc.

Mailing Address: 246 Industrial Way

City: Eatontown State: New Jersey Zip: 07724

Telephone: (732) 542-1191 Fax: N/A

Contact Person: Turlough Gorman

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.

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, 2023.

Hikma Specialty USA Inc.

1900 Arlingate Ln

Columbus, OH 43228-4112

License Number: 0130000236

Wholesaler - Category 2

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 2
BUSINESS TYPE: VW – Virtual Wholesaler

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIKMA SPECIALTY 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 FIFTEENTH DAY OF JANUARY, A.D. 2021.

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

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

Jeffrey W. Bullock, Secretary of State

7435862 8300

SR# 20210122757

Authentication: 202295859

Date: 01-15-21

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

hikma.

Description of Operations

Hikma Specialty USA Inc. is a VirtualManufacturer. Hikma Specialty USA Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers by their Third-Party Logistics Provider, Cardinal Health dba Specialty Pharmaceutical Services , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Hikma Pharmaceuticals USA Inc.
1809 Wilson Road
Columbus, OH 43228
FDA Establishment Number: 1510690

Hikma Pharmaceuticals USA Inc. manufactures Hikma Specialty USA Inc.'s product and packages finished product. At no time does Hikma Pharmaceuticals USA Inc. own the product, contract with Hikma Specialty USA Inc.'s customers, invoice, nor sell a Hikma Specialty USA Inc. product. Hikma Specialty USA Inc.'s products are not Controlled Substances.

Labeler Code:
59467

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal Health dba Specialty Pharmaceutical Services acts as Hikma Specialty USA Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Hikma Specialty USA Inc.'s product to Wholesalers throughout the United States. Cardinal Health dba Specialty Pharmaceutical Services's address is:

Cardinal Health dba Specialty Pharmaceutical Services
15 Ingram Blvd.
La Vergne, TN 37086
Cynthia Rhodes (614)757-5000

Hikma Specialty USA Inc.'s hours of operation are 8:00 am – 5:00pm Monday through Friday.

National Drug Code Directory

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

Current through July 01, 2021

You have searched Finished drug products

Search Results: *'59467'*

Back to Search Page | Search Again

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
KLOXXADO	59467-679-01	8 mg/.1mL	SPRAY	NASAL	NDA212045	Hikma Specialty USA Inc.	59467-679	Naloxone HCL	NALOXONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2021	N/A	NDA	.1 mL in 1 VIAL, SINGLE-DOSE (59467-679-01)	Opioid Antagonist [EPC], Opioid Antagonists [MoA]
MITIGARE	59467-318-10	.6 mg/1	CAPSULE	ORAL	NDA204820	Hikma Specialty USA Inc.	59467-318	Colchicine	COLCHICINE	HUMAN PRESCRIPTION DRUG	10/01/2014	N/A	NDA	1000 CAPSULE in 1 BOTTLE (59467-318-10)	Cytochrome P450 3A4 Inhibitors [MoA], P-Glycoprotein Interactions [MoA]
MITIGARE	59467-318-01	.6 mg/1	CAPSULE	ORAL	NDA204820	Hikma Specialty USA Inc.	59467-318	Colchicine	COLCHICINE	HUMAN PRESCRIPTION DRUG	10/01/2014	N/A	NDA	100 CAPSULE in 1 BOTTLE (59467-318-01)	Cytochrome P450 3A4 Inhibitors [MoA], P-Glycoprotein Interactions [MoA]
MITIGARE	59467-318-30	.6 mg/1	CAPSULE	ORAL	NDA204820	Hikma Specialty USA Inc.	59467-318	Colchicine	COLCHICINE	HUMAN PRESCRIPTION DRUG	07/26/2018	N/A	NDA	30 CAPSULE in 1 BOTTLE (59467-318-30)	Cytochrome P450 3A4 Inhibitors [MoA], P-Glycoprotein Interactions [MoA]

Showing 1 to 4 of 4 entries

Previous 1 Next

Verified MH 7/1/21

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)
PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
PRINT

Current through February 26, 2021

You have searched Finished drug products

Search Results: *'59467'*

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	Phar Class
MITIGARE	59467-318-10	.6 mg/1	CAPSULE	ORAL	NDA204820	Hikma Specialty USA Inc.	59467-318	Colchicine	COLCHICINE	HUMAN PRESCRIPTION DRUG	10/01/2014	N/A	NDA	1000 CAPSULE in 1 BOTTLE (59467-318-10)	Cytoch P450 3 Inhibitc [MoA], Glycop Interac [MoA]
MITIGARE	59467-318-01	.6 mg/1	CAPSULE	ORAL	NDA204820	Hikma Specialty USA Inc.	59467-318	Colchicine	COLCHICINE	HUMAN PRESCRIPTION DRUG	10/01/2014	N/A	NDA	100 CAPSULE in 1 BOTTLE (59467-318-01)	Cytoch P450 3 Inhibitc [MoA], Glycop Interac [MoA]

√ verified
M.H

hikma.

Ownership Information

Hikma Specialty USA Inc.
1900 Arlingate Lane
Columbus, OH 43228
(614)241-4125
https://www.hikma.com/products/us-products/
E-mail: cbonny@hikma.com

FEIN: 46-3018191
State of Formation: DE
Date Incorporated:6/4/1991
File Number: 2264775

Hikma Specialty USA, Inc. is 100% owned by Eurohealth (U.S.A,) Inc.

Parent Company Address:Eurohealth (U.S.A.), Inc.
Parent Company Phone: (732)542-1191
Parent Company FEIN: 13-3629829

Officers

Christopher Bonny, President
Business Address: 1900 Arlingate Lane, Columbus, OH 43228
Business Phone: (614)241-4125
Email: cbonny@hikma.com
Ownership %: 0

Kevin Fennell, Chief Financial Officer
Business Address: 101 Arboresque Drive, New Hope, PA 18938
Business Phone: (856)761-4461
Email: kfennell@hikma.com
Ownership %: 0

George J. Muench, Treasurer
Business Address: 2 Esterbrook Lane, Cherry Hill, New Jersey 08003
Business Phone: (856)616-1239
Email: gmuench@hikma.com
Ownership %: 0

CHRISTOPHER BONNY

SUMMARY OF QUALIFICATIONS

Seasoned pharmaceuticals commercial and corporate development executive with 20+ years of progressive experience in building and leading teams, owning strategic planning and tactical activities, and driving results across the P&L. Significant experience in traditional brand and generic pharmaceuticals, biologics, and drug-device combination products:

- Strong leader with experience in building and leading teams and collaborating cross-functionally with both internal and external stakeholders to achieve operational goals.
- Experienced leader of multiple field-based commercial teams in traditional pharmaceutical sales, generic accounts, managed markets, and government contracting.
- Demonstrated ability to thoroughly review, understand, and interpret available scientific and commercial information in order to support portfolio decisions and prioritization.
- Proven proficiencies in identifying and evaluating significant corporate partnerships, negotiating deal structures, executing strategic transactions, and leading integrations and alliances in large and small pharma/biotech companies.

Recognized as results-oriented with the talent to "roll-up my sleeves" and act independently, or effectively manage cross-functional teams, as necessary to achieve corporate goals.

EXPERIENCE

2018 - Present Hikma Pharmaceuticals USA **Columbus, OH**

Vice President, Marketing and Brand Rx Operations

- Member of the Executive Leadership Team managing a portfolio of business exceeding $1.2bln annually.
- Established and lead the Product Launch Excellence function for the planning and execution of pipeline programs
  - Manage all commercial launch activities with a multi-disciplinary team;
  - Ownership of the 5-YR Business Plan for the business units (Brand and Generic);
  - Determination of financial and commercial viability of products in development in the US;
  - Evaluation of external programs and/or entities to augment internal pipeline.
- Leader of all commercial activities for differentiated and brand products in the mature product portfolio.
- Principal member of the Hikma Pharmaceuticals USA long-term strategic planning committee.

2016 - 2018 West-Ward Pharmaceuticals, Inc. **Columbus, OH**

Senior Director, Differentiated and Brand Products

- Lead all commercial activities with full P&L responsibility for the brand products business.
  - Double-digit market share within 18 months of launch into an incumbent, highly competitive space.
  - Net Revenues of >$50M in 2017e and guiding to >$100M by YE2019.
- Lead all commercial activities for differentiated generic products, including generic Advair® and the West-Ward Addiction Therapy Services business.
- Manage multiple field sales teams, a comprehensive managed markets team, and in-house and external marketing teams.
- Responsible for continued growth (organic and inorganic) of the differentiated products portfolio through multiple avenues, including acquisition, in-license, and internal development.

2014 - 2016 Roxane Laboratories, Inc. (A Division of Boehringer-Ingelheim GmbH) **Columbus, OH**

Executive Director, Commercial and Business Development

- Responsible for all commercial and corporate development activities for a top 10 U.S. generic company; forecast to contribute an incremental $400 million in annual revenue by 2020.
- Lead a pipeline optimization process to identify strategic gaps in the long-term plan, as well as material opportunities for out-license/divestiture.
- Chief liaison for all business-related processes in the separation activities of Roxane Laboratories from Boehringer-Ingelheim GmbH, including overall management of ongoing manufacturing and distribution relationship between the companies post-close.
- Lead and manage staff with direct accountability and oversight of all business terms and contract negotiations for technology deals, in-licensing deals, asset purchase deals, acquisitions, and divestitures.

8375 Mallard Circle, Plain City, OH 43064 / chris.bonny@yahoo.com
T. (847) 777-9401

2013 - 2014 **Baxter Healthcare Corporation** **Deerfield, IL**
Brand Director, Hemophilia - FEIBA

- Responsible for U.S. commercial strategy, operations, marketing and lifecycle management for a leading specialty biological product with annual sales of more than $200 million.
- Accountable for all elements of the FEIBA brand in the US – healthcare professional, medical education, consumer/patient, reimbursement, and payer channel.
- Reinvigorated a 36-year old product and increased overall revenue by 9.9% in 2013, while maintaining stable margins and pricing.
- Led the launch of a new indication with renewed branding in Q1, 2014 with expectations of continued double-digit growth through 2015 (trending at >15% growth YTD).

2009 - 2013 **Baxter Healthcare Corporation** **Deerfield, IL**
Director, Corporate Development & Strategy (2011 –2013)
Director, Business Development (2009-2011)

- Led the overall integration of Synovis Life Technologies, Inc. (acquired in February 2012 for $325 million) into the Baxter corporate structure; principal of the Integration Management Office tasked with managing the entire Synovis business during the transition, including the closure of the Orthopedic and Wound Care Division.
- Directed the strategic establishment of Baxter Ventures (Baxter's venture capital arm) and the Baxter BioScience oncology franchise strategy (solidified with the acquisition of rights to Rigosertib).
- Led material strategic transactions to increase corporate top-line revenues while managing profit margin erosion and/or EPS dilution.
- Key member of the corporate strategy team tasked with identifying, evaluating, and presenting to executive management new franchise areas for inorganic portfolio expansion.

2008 - 2009 **Avaan Therapeutics, Inc.** **Denver, CO**
Vice President, Business Development & Licensing

- Led all business/corporate development functions reporting directly to CEO and Board of Directors.
- In collaboration with the CEO, directed a comprehensive plan for private placement round (Series A).
- Directed Avaan's negotiations in all corporate transactions.
- Established and managed an internal international scientific and clinical evaluation team for the review of all Avaan licensing, acquisition, and co-development transactions.

2006 - 2008 **MGI PHARMA, Inc.** **Baltimore, MD**
Director, Business Development

2005-2006 **Aradigm Corporation** **Hayward, CA**
Senior Manager, Business Development

2000-2005 **RxKinetix, Inc.** **Louisville, CO**
Manager, Business Development (2002-2005)
Business Development Associate (2000 – 2002)

1996-1999 **Affinity BioReagents, Inc.** **Golden, CO**
Marketing Manager

EDUCATION

2002-2005 **Leeds School of Business, University of Colorado** **Boulder, CO**
Masters of Business Administration

1992-1996 **Trinity College** **Hartford, CT**
Bachelor of Science (Neuroscience)

8375 Mallard Circle, Plain City, OH 43064 / chris.bonny@yahoo.com
T. (847) 777-9401

Citibank,N.A.

DATE : JUN. 30, 2021

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 69622792

ISSUING BANK:
CITIBANK, N.A.
C/O CITICORP NORTH AMERICA, INC.
ATTN: US STANDBY UNIT
3800 CITIBANK CENTER, BUILDING B, 1ST FLOOR
TAMPA, FL 33610
PHONE: 866-945-6284
FAX NO.: 609-681-2734

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521

APPLICANT:
HIKMA PHARMACEUTICALS USA INC.
ON BEHALF OF HIKMA SPECIALTY USA INC
(AN AFFILIATE OF HIKMA PHARMACEUTICALS USA INC.)
1900 ARLINGATE LANE
COLUMBUS, OH 43228

BY ORDER OF OUR CLIENT, HIKMA PHARMACEUTICALS USA INC., ON BEHALF OF ITS AFFILIATE HIKMA SPECIALTY USA INC. (THE 'APPLICANT/PRINCIPAL'), WE HEREBY OPEN OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 69622792, IN YOUR FAVOR FOR AN AMOUNT NOT TO EXCEED IN USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS), EFFECTIVE IMMEDIATELY AND EXPIRING AT THE OFFICE OF OUR SERVICER, CITICORP NORTH AMERICA, INC. AT 3800 CITIBANK CENTER, BUILDING B, 1ST FLOOR, TAMPA, FL 33610, ATTN: U.S. STANDBY LETTER OF CREDIT UNIT OR SUCH OTHER OFFICE AS WE MAY ADVISE YOU FROM TIME TO TIME (THE 'OFFICE'), ON JUNE 30, 2022.

WE HAVE BEEN INFORMED THIS IRREVOCABLE STANDBY LETTER OF CREDIT SECURES PAYMENT OF ANY ADMINISTRATIVE FINES IMPOSED BY THE NEVADA STATE BOARD OF PHARMACY PURSUANT TO NRS 639.255 AND ANY COSTS INCURRED BY THE NEVADA STATE BOARD OF PHARMACY REGARDING THE LICENSE OF THE APPLICANT/PRINCIPAL THAT ARE IMPOSE PURSUANT TO NRS 622.400 OR 622.410 WHICH THE APPLICANT/PRINCIPAL FAILS TO PAY.

FUNDS HEREUNDER ARE AVAILABLE TO YOU AGAINST PRESENTATION OF YOUR SIGHT DRAFT(S), DRAWN ON US, MENTIONING THEREON OUR LETTER OF CREDIT NUMBER 69622792, ACCOMPANIED BY YOUR WRITTEN AND DATED STATEMENT, SIGNED BY AN AUTHORIZED PERSON OF THE KANSAS BOARD OF PHARMACY, STATING THE FOLLOWING:

"NEVADA BOARD OF PHARMACY PENALTIES, FEES OR COSTS HAVE NOT BEEN PAID BY APPLICANT/PERMIT HOLDER WITHIN 30 DAYS ACCORDING TO THE WHOLESALE DISTRIBUTOR'S LICENSE."

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT SHALL BE DEEMED AUTOMATICALLY EXTENDED, WITHOUT AMENDMENT, FOR ADDITIONAL PERIOD(S) OF ONE

Citibank,N.A.

YEAR FROM THE EXPIRY DATE HEREOF, OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST THIRTY (30) DAYS PRIOR TO ANY EXPIRATION DATE WE NOTIFY YOU BY REGISTERED MAIL OR BY ANY OTHER RECEIPTED MEANS THAT WE ELECT NOT TO CONSIDER THIS LETTER OF CREDIT RENEWED FOR ANY SUCH ADDITIONAL PERIOD, WHEREUPON YOU MAY DRAW FOR THE AVAILABLE AMOUNT UNDER THIS LETTER OF CREDIT BY MEANS OF YOUR SIGHT DRAFT(S), DRAWN ON US, MENTIONING OUR LETTER OF CREDIT NUMBER.

WE HEREBY AGREE WITH YOU TO HONOR EACH DRAFT DRAWN UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT IF PRESENTED, TOGETHER WITH THE DOCUMENTS SPECIFIED AT THIS OFFICE ON OR BEFORE THE STATED EXPIRATION DATE.

SHOULD YOU HAVE OCCASION TO COMMUNICATE WITH US REGARDING THIS LETTER OF CREDIT, PLEASE DIRECT YOUR CORRESPONDENCE TO OUR OFFICE, MAKING SPECIFIC MENTION OF THE LETTER OF CREDIT NUMBER INDICATED ABOVE. FOR INQUIRIES YOU MAY CONTACT US AT 1-866-945-6284.

ALL PARTIES TO THIS LETTER OF CREDIT ARE ADVISED THAT THE U.S. GOVERNMENT HAS IN PLACE CERTAIN SANCTIONS AGAINST CERTAIN COUNTRIES, TERRITORIES, INDIVIDUALS, ENTITIES, AND VESSELS. CITIGROUP ENTITIES, INCLUDING BRANCHES AND, IN CERTAIN CIRCUMSTANCES, SUBSIDIARIES, ARE/WILL BE PROHIBITED FROM ENGAGING IN TRANSACTIONS OR OTHER ACTIVITIES WITHIN THE SCOPE OF APPLICABLE SANCTIONS.

EXCEPT AS FAR AS OTHERWISE EXPRESSLY STATED HEREIN, THIS STANDBY LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES ('ISP98'), INTERNATIONAL CHAMBER OF COMMERCE, PUBLICATION NO. 590, AND AS TO MATTERS NOT GOVERNED BY THE ISP98, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW YORK AND APPLICABLE U.S. FEDERAL LAW.

AUTHORIZED SIGNATURE(S).
CITIBANK, N.A.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License APP-000322441

Hikma Specialty Usa Inc.

1900 Arlingate Ln
Columbus, OH 43228-4112
Franklin County

Wholesaler - Category 2

Wholesale Drug Distributor

May 26, 2020

License APP-000322441 - Hikma Specialty Usa Inc.

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Andrea R. Wagner
Start 5/26/2020 10:00 AM
End 5/26/2020 10:56 AM

Organization

Name
Hikma Specialty Usa Inc.

License Type
Wholesaler - Category 2

Category

License Number
APP-000322441

Business Type
VW - Virtual Wholesaler

DEA Number

Responsible Person
Christopher B Bonny

Hours of Operation
Mon-Fri 8a-5p

Contact

Address
1900 Arlingate Ln
Columbus, OH 43228-4112
Franklin County

Primary Number
(614) 241-4125

Fax Number

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Christopher B Bonny		Responsible Person			cbonny@hikma.com
Natalie Weekley					nweekley@hikma.com

1) Initial Inspection Information

3) Facility Description

Observation
This is a telephone inspection for a new virtual wholesaler license.

3) Security

1) Dangerous drugs are stored in a secure area with access by authorized personnel only?

No

Observation
The facility will not have any dangerous drug onsite.

3) Adequate systems are in place to detect and deter drug diversion and to prevent unauthorized access to drug stock.

Yes

Observation
Entrance to the premises of facility is badge access/gated. The facility is secured with badge access. The facility has two entrance doors and one warehouse door. Employees including security and maintenance are considered badged employees.

6) References

1) The licensee is able to access current federal and state drug laws and rules.

Yes

Observation
The facility has access to online resources.

8) Drug Purchases

1) Wholesale and Terminal Distributors of Dangerous Drugs utilized by the licensee include:

Cardinal

Amerisource

McKesson

Observation

The facility will sell dangerous drugs to Amerisource Bergen, McKesson and Cardinal.

2) The licensee has a policy/procedure in place to verify the TDDD/WDDD of the distributor/wholesaler prior to purchsing dangerous drugs or controlled substances from them.

Yes

Observation

The facility has a policy in place to ensure proper licensure from distributors. The facility obtains copies of the distributors licenses.

10) Drug Records and Inventories

1) The facility maintains all drug records on-site for a period of three years.

Yes

Observation

The facility will maintain drug records for at least three years.

2) The facility has been granted permission by the State of Ohio Board of Pharmacy to maintain drug records at an off-site location

No

Observation

The facility currently does not need to store records offsite. Discussed the requirement to obtain permission to store records offsite.

7) Theft or loss of dangerous drugs, controlled substances and/or drug documents has been reported to the Ohio State Board of Pharmacy.

No

Observation

Discussed the requirement to report any theft or loss of dangerous drugs to the Board of Pharmacy.
Any theft or loss of dangerous drugs must be reported by law to the Ohio State Board of Pharmacy and local law enforcement immediately upon discovery. Notify the DEA if controlled substances were involved.

Theft or loss must be reported verbally to the Ohio State Board of Pharmacy (614-466-4143) or a local Pharmacy Board Employee immediately upon discovery and in writing to the Ohio State Board of Pharmacy (dea106reporting@pharmacy.ohio.gov) within 30 days of the discovery of the theft or loss.

14) Wholesale Facilities

3) The facility is secure from unauthorized entry.

Yes

Observation
The facility is secured by badge access. The facility also has an alarm system and onsite security.

4) The facility is equipped with an alarm system to detect unauthorized entry after hours.

Yes

Observation
The facility is secured by badge access. The facility also has an alarm system and onsite security.

8) The wholesaler obtains certificates from licensed terminal distributors of dangerous drugs prior to a sale being made.

Yes

Observation
The facility has a policy in place to ensure proper licensure from distributors. The facility obtains copies of the distributors licenses.

9) The facility has a system in place to identify and report suspicious orders for drugs to the Ohio State Board of Pharmacy.

Yes

Observation
The facility has suspicious ordering monitoring system in place that identifies suspicious orders. Discussed the requirement to report suspicious orders the the Board of Pharmacy.

11) The facility maintains written policies and procedures for the receipt, security, storage, inventory and distribution of dangerous drugs.

Yes

12) Employees have appropriate education and/or experience to assume responsibility for positions related to compliance with licensing regulations.

Yes

16) Additional Findings

1) Additional findings observed on inspection include the following:

Observation
Discussed Ohio Administrative Codes:
4729:6-5-01 Wholesale distributors - general operations.
4729:6-6-01 Virtual wholesalers - general operations.
Also discussed, the facility is subject to routine inspections by the Board of Pharmacy.

18) Inspection Affirmation

1) Inspection Affirmation

Observation
As the person in charge, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Christopher B Bonny

(signature)

TwoLabs PHARMA SERVICES

hikma.

February 17, 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 Hikma Specialty USA Inc. ("Hikma"), attached is Hikma's application for an Out-of-State Wholesale license.

Hikma is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, Cardinal Health dba Specialty Pharmaceutical Services, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Hikma's office. Hikma's product is not a controlled substance.

Note, at the time of this filing, Hikma only holds a license in their home state of Ohio.

I hope this narrative is helpful as you review Hikma'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.

Jordan Spadafora
Licensing Analyst

RECEIVED
FEB 25 2021
NEVADA STATE BOARD OF PHARMACY

Maria Herrera

From: Leah Niswander <leah.niswander@twolabs.com>
Sent: Thursday, July 8, 2021 5:46 AM
To: Maria Herrera
Subject: RE: Nevada Wholesaler Application- Hikma Specialty USA Inc.

Follow Up Flag: Follow up
Flag Status: Completed

Hi Maria,

I had a great weekend, I hope yours was nice as well.

The name associated is Kevin Fennell.

Please let me know if you have any questions.

Take care,
Leah

Leah Niswander
Senior Account Manager
PharmaLicense

TwoLabs
PHARMA SERVICES

110 Riverbend Avenue | Suite 100 | Powell, OH | 43065
mobile 513.300.2334| **fax** 866.259.4324
website | email | vCard | LinkedIn

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From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, July 7, 2021 4:54 PM
To: Leah Niswander <leah.niswander@twolabs.com>
Subject: RE: Nevada Wholesaler Application- Hikma Specialty USA Inc.

Good Afternoon Leah,

I hope you had a great long weekend.

In further review of the application we noticed the disclosure provided does not have a name on it? Could you please provide one with a name on it?

Thank you,

Part 1 - Charges, Citations or Disciplinary Actions - *If additional space is needed, you may attach additional pages.*

For Criminal Charges: Kevin* Fennell

Case Number(s):	**Date of Offense:**
N/A	2008 (estimate)
State:	**County:**
PA	Bucks
Violation(s):	
DUI	

For Disciplinary Actions by a State or Federal Agency:

Licensing Board:	**Date of Disciplinary Action:**
Violation(s):	

Provide a detailed description charges or disciplinary action and, if applicable, the outcome of the case(s). If additional space is needed you may include other pages.

I was arrested for Driving Under the Influence (DUI). I pled guilty to the charge. As a first time offender, the penalty was to attend an alcohol abuse awareness class and pay a fine, which I completed and paid, respectively.

14B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Medline Industries, Inc.

Physical Address: 2200 Cornerstone Parkway

City: Grayslake State: IL Zip Code: 60030

Telephone Number: 847-643-4508 (Temp) Fax Number: 866-780-9777

Toll Free Number: 1-800-MEDLINE

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

Facility Manager: Filomena Kropiwiec

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Assisted Living, Nursing Homes, Surgical Centers

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: Cosmetics
☐ Hypodermic Devices
☒ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Insource, Inc.
Address: 80 Summit View Lane, Bastain, VA 24314

Name: Amerisource Bergen Drug Corp
Address: 2100 Directors Row, Orlando, FL 32809

Name: Fresenius
Address: 95 Hayden Ave 2 - Ledgemont Ctr, Lexington, MA 02420

Name: Pfizer
Address: 1855 Shelby Oaks Drive N, Ronkonkoma, NY 11779

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 ☐

*This facility has not received any discipline, please see our corporate discipline history. *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. *See Attachment 4

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.

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

Lara N. Simmons
Print Name of Authorized Person

11/17/20
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: N/A

Mailing Address: Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-643-4508 Fax: 866-780-9777

Contact Person: Mark Callow

For any corporation non-publicly traded, disclose the following: Please see explanation below.

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

a) **Please see explanation below**
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: _____

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.

Include with the application for a non-publicly traded corporation

List of officers and directors *See Attachment 5

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

*See Attachment 6

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

N/A Previously submitted

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.

Attachment 7

- 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".

Attachment 8

Attachment 1
2908

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
MEDLINE INDUSTRIES INC	Grayslake, IL 60030	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004977	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	01/13/2021	01/13/2021	12/31/2022	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004000437	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	03/25/1994	10/04/2006	12/31/2008	N
004001473	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	02/28/2002	10/04/2006	12/31/2008	N
004001699	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	03/17/2003	10/04/2006	12/31/2008	N
004002649	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	03/06/2008	11/04/2020	12/31/2022	N
004002722	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	06/25/2008	10/26/2020	12/31/2022	N
004002723	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	06/25/2008	11/04/2020	12/31/2022	N

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.004977

The person, firm, or corporation whose name appears on this certificate has compiled with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2022

LICENSED WHOLESALE DRUG DISTRIBUTOR

MEDLINE INDUSTRIES INC
FILOMENA KROPIWIEC
2200 CORNERSTONE PARKWAY
GRAYSLAKE, IL 60030

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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

15455719

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: 304074

FILOMENA KROPIWIEC
[redacted]N Ridge Road. • Wauconda IL. 60084
[redacted]

CORE COMPETENCIES

Distribution Center Professional who is flexible, versatile, and demonstrates capabilities of operating in a fast growing and changing environment.

Management: Manage daily operations efficiently and safely to reduce operational costs.

Team Leadership: Provide direction and guidance to supervisors and team members as an approachable manager.

Customer Service: Ensure customer service through accuracy and on-time deliveries.

Tech Proficiency: Goods to Person Automation System, SAP, Catalyst 10.3, Pro-Track, Outlook, Excel, Word, PowerPoint, Kronos, PeopleSoft, Logic Tools.

Certifications: Florida Pharmacy State Board Shipping License.
California Pharmacy State Board Shipping License.

PROFESSIONAL EXPERIENCE

Medline Industries
Associate Director of Operations Aug 2019 - Present
Libertyville, IL

- Responsible for the management of the Warehouse Operations and Sales of 750 million.
- Direct and manage 4 Warehouse Managers.
- Manage the P&L controllable costs to meet overall Operations cost objectives.
- Compliance with regulatory agencies and customers audits.
  - VAWD, Medicare, Optum, Walgreens

Warehouse Manager Nov 2011 – Aug 2019
Libertyville, IL

- Responsible for the management of the daily Warehouse Operations.
- Direct and manage 2 supervisors and 75 hourly team members.
- Ensure customers receive their orders accurately and on-time.
- Identify process improvements to help reduce costs and meet monthly KPIs.
  - Total Performance, In-bound service, Turnover, Errors per Ten Thousand Lines.
- Manage the safety program for the facility.
- Travel to other facilities to train local management or assist in implementing new systems.

Pepsi Beverages Company
Product Availability/Warehouse Manager May 2008 – Nov 2011
Chicago, IL

- Responsible for the management of the Warehouse Operations and Inventory of 25 million cases of finished goods into the Pepsi distribution network.
- Develop, review and forecast the Annul Operating Plan for the Warehouse.
- Manage the P&L controllable costs to meet overall Warehouse cost objectives.
- Improve loading accuracy to reduce overall out-of-stocks.
- Ensure that all safety training and standards are maintained.
- Identify process improvements to maximize on-time shipping.
- Direct and manage a team of 43 employees.

Pepsi Americas

Logistics Analyst June 2007 – May 2008

Schaumburg, IL

- Develop Annual Production and Sourcing Plan for the company.
- Utilize Logic Tools Software to create Network Optimization decisions for Senior Leadership.
- Analyze production efficiencies to optimize system capacity.
- Review and Maintain Supply Chain Key Performance Indicators.

Operations Analyst July 2005 – June 2007

Schaumburg, IL

- Develop a monthly forecasting tool for all the manufacturing plants to utilize.
- Prepare monthly and quarterly analytics for upper Management.
- Capital Planning, Forecasting and Annual Operating Plan.
- Review and Maintain Supply Chain Key Performance Indicators.
- Update Financials monthly for plants to review.

Sr. Business Process Analyst March 2004 – July 2005

Schaumburg, IL

- Write Company SOPs.
- Perform field audits.
- Complete Sarbanes-Oxley documentation and testing.
- Support PeopleSoft Inventory rollouts and training.

Operations Analyst June 2002 – March 2004

St. Louis, MO

- Implement new polices and procedures to resolve inventory issues.
- Assist the plant in achieving a passing audit for inventory control.
- Direct and manage the inventory staff and cashiers at the plant.
- Review weekly forecast information with the Plant Manager.
- Report monthly Key Performance Indicators.
- Capital Planning, Forecasting and Annual Operating Plan.

Corporate Accountant June 1999 – June 2002

Schaumburg, IL

- Perform monthly closing responsibilities.
- Perform monthly analysis and reconciliation's of income statements & balance sheet accounts.
- Perform quarterly balance sheet audits.
- Review monthly financial results and balance sheet accounts with Accounting Manager.
- Train new accountants on monthly closing procedures.
- Develop closing checklist for all accountants to follow.

EDUCATION

- B.S., Accounting - University of Wisconsin – Parkside, 1999
- B.S., Finance - University of Wisconsin – Parkside, 1999
- A.S., Accounting - College of Lake County, 1996

Attachment 4

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 faculty. 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., Waipahu, 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.
1/6/2021	1501 Harris Rd, Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. License #01-1985050 received a fined $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.

MEDLINE INDUSTRIES, INC.
CORPORATE OFFICERS

STATE OF INCORPORATION: ILLINOIS
FEIN: 36-2596612

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

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

Attachment 6

2014

File Number 5133-055-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

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 .

Authentication #: 2036401834 verifiable until 12/29/2021

Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Name	Job Title
LEE,SAMUEL	Photographer
HERMANNS, HILLARY	Dir HR
MEIER, ROBERT	HR Generalist
AHMAD,JUNAID	Onsite Tech Suppt Spec
ALVARENGA,GLADIS	Packager/Kaumagrapher
GONZALEZ,JOSE LUIS	Packager/Kaumagrapher
MENDEZ MARCIAL,EMILIO	Packager/Kaumagrapher
OCAMPO MONSALVE,ELIANA LIZET	Packager/Kaumagrapher
ORELLANA,ROMILIO	Packager/Kaumagrapher
ROVIROSA,FELICITAS	Packager/Kaumagrapher
TRUJILLO,ANGELICA	Production Ld
CARRENO,ALFREDO	Supv Warehouse
MADL,NICHOLAS J.	Supv Warehouse
O'DONNELL,BRANDON ALEXANDER	Supv Warehouse
PEREZ,TIFFANY F	Sr Supv Warehouse
BELONGIA,JACOB TYLER	OPS-Warehouse Operator
BOLTON,LACEY NICOLE	OPS-Warehouse Operator
CALLAHAN,CASSIUS	OPS-Warehouse Operator
CARRANZA,RONALDO A	OPS-Warehouse Operator
CHEAR,SIMBA	OPS-Warehouse Operator
CLARKE,JOSEPH M	OPS-Warehouse Operator
DURAN,JASON	OPS-Warehouse Operator
FERNANDEZ,ERIC	OPS-Warehouse Operator
FISCHER,LEANNE	OPS-Warehouse Operator
GUNDERSON,DIANE	OPS-Warehouse Operator
HENLON,KEV MARLLON	OPS-Warehouse Ld
HIRSCH,GERALD	OPS-Warehouse Operator
HUNTER,AHSAN	OPS-Warehouse Operator
JOHNSON,LUCIEN WESLEY	OPS-Warehouse Operator
LABARBERA,ANTHONY	OPS-Warehouse Operator
MARCOS,JULIO	OPS-Warehouse Ld
MERINO,ANTHONY MICHAEL	OPS-Warehouse Operator
PONCE,OSCAR	OPS-Warehouse Operator
QUINTANA,ERIC	OPS-Warehouse Operator
RAMIREZ,HUGO	OPS-Warehouse Operator
ROBERTSON,RICO DEANGELO	OPS-Warehouse Operator
RODRIGUEZ,LETICIA	OPS-Warehouse Operator
SANCHEZ,JOEL	OPS-Warehouse Operator
SOTELO,BRAYAN ALBERTO	OPS-Warehouse Operator
SWITZER,CHARLENE S.	OPS-Warehouse Operator
YU,RAMIL PERPUSE	OPS-Warehouse Operator
WEATHERSBY,WALTER KEVIN	Mgr MedTrans
ALBARRAN,CRYSTAL	OPS-Warehouse Operator
BARRIENTOS,MARIA A	OPS-Warehouse Operator
BENNETT,CHRISTOPHER ALAN	OPS-Warehouse Operator
BONCZKOWSKI,JOHN E.	OPS-Warehouse Operator

CASTREJON,ANDREW JOSE	OPS-Warehouse Operator
DANIEL,NATHAN	OPS-Warehouse Operator
DUBON,DORIS ELVIRA	OPS-Warehouse Operator
GOMEZ,JOSE	OPS-Warehouse Operator
HERNANDEZ,JENNIFER	OPS-Warehouse Operator
JIMENEZ,IRMA MONTERO	OPS-Warehouse Operator
JIMENEZ,JESUS	OPS-Warehouse Operator
JUAREZ,OMAR	OPS-Warehouse Operator
KIRBY,DAVID W	OPS-Warehouse Operator
KLONOWSKI,SILVANA A	OPS-Warehouse Operator
MARTINEZ,ALONSO	OPS-Warehouse Operator
MONTERO,YOLANDA	OPS-Warehouse Operator
MORALES,CARLA JASMINE	OPS-Warehouse Operator
MORALES,STEPHANIE MARIE	OPS-Warehouse Operator
NAVARRO,MARIA G	OPS-Warehouse Operator
PRESLEY,TERRY	OPS-Warehouse Operator
RAMOS,ALLAMANDA S	OPS-Warehouse Operator
REYES,ANGELA	OPS-Warehouse Operator
RODRIGUEZ,JUAN ALBERTO	OPS-Warehouse Ld
SANTIAGO,MIRNA	OPS-Warehouse Operator
SEPULVEDA,SOCORRO	OPS-Warehouse Operator
SMITH,JONATHAN MICHAEL	OPS-Warehouse Operator
SOTELO,ROBERTO	OPS-Warehouse Operator
TAFOLLA,MELISSA	OPS-Warehouse Operator
TAYLOR,MARZELL	OPS-Warehouse Operator
TONG-MORRISON,DOUGLAS	OPS-Warehouse Ld
URIOSTEGUI,JASMINE	OPS-Warehouse Operator
VELASQUEZ,ANA KAREN	OPS-Warehouse Operator
WASSON,KIMBERLY ANNE	OPS-Warehouse Operator
WELLS,DANA L	OPS-Warehouse Operator
BREHM,JAMES R	Supv Warehouse
GARCIA,JUAN	Sr Supv Warehouse
SOLLITTO,JOHN D	Supv Warehouse
WILLENBURG,SARAH	Supv Warehouse
SHARER,AMY ANN	Supv Warehouse
AUBE,JONATHAN RAY	OPS-Warehouse Operator
CARDONA,THOMAS	OPS-Warehouse Operator
FERRER,PEDRO FRANCISCO	OPS-Warehouse Operator
GATES,BROOKS J	OPS-Warehouse Operator
GUDELLA,KURT EDWARD	OPS-Warehouse Operator
HOULIHAN,KYLE ALEXANDER	OPS-Warehouse Operator
JOHNSON,TYRONE MICHAEL	Supv Warehouse
KAUR,RAVLEEN	OPS-Warehouse Operator
MORALES,VANESSA C.	OPS-Warehouse Operator
PACHECO,RAMON	OPS-Warehouse Operator
PRITT,ERIC	Assoc Supv Warehouse
REE,ALLAN	Supv Warehouse

SARABIA,BRYAN	OPS-Warehouse Operator
SINCLAIR,SEBASH SYLVESTER	Supv Warehouse
WHATLING,DAVID	Supv Warehouse
YADANZA,ZACH JOSEPH	OPS-Warehouse Operator
ALBARRAN,ADRIAN	OPS-Warehouse Operator
BOLANOS,KEVIN N	OPS-Warehouse Operator
CERONE,JOSEPH	OPS-Warehouse Operator
CLARKE IV,ROBERT LAFAYETTE	OPS-Warehouse Operator
DELAROSA,ROBERT JAVIER	OPS-Warehouse Operator
DELEON,IVAN	OPS-Warehouse Operator
DEVINE,CHRISTOPHER DAVID	OPS-Warehouse Operator
GALLEGOS,JONATHAN	OPS-Warehouse Operator
GARCIA JR,JOSE LUIS	OPS-Warehouse Operator
HERNANDEZ MARTINEZ,FLAVIA	OPS-Warehouse Operator
HILLIARD,KEVIN J.	OPS-Warehouse Operator
HOYE,BRANDON	OPS-Warehouse Operator
MITCHELL,MICHAEL A	OPS-Warehouse Operator
NOFTZ,JEFFREY	OPS-Warehouse Operator
NUETZMANN,THOMAS	OPS-Warehouse Operator
OCAMPO,ALEJANDRO	OPS-Warehouse Operator
PARKER,EVAN DANIEL	OPS-Warehouse Operator
PERRONE,AMANDA	OPS-Warehouse Operator
REYES,ALONZO	OPS-Warehouse Operator
RODRIGUEZ ARRONA,ENRIQUE	OPS-Warehouse Operator
TEWKSBURY,KYLE	OPS-Warehouse Operator
TOVAR,ANA L	OPS-Warehouse Operator
VOGLER,RYAN CLINT	OPS-Warehouse Operator
LILLIBRIDGE,ANITA CAROL	Mgr Maintenance
KROPIWIEC,FILOMENA	Assoc Dir Operations
CASELLA,THOMAS JOSEPH	OPS-Janitor
CORRAL,ULISES	OPS-Janitor
ODOM,JUSTIN MICHAEL	Supv Training Facility
OPLETAL,JOSHUA W	OPS-Janitor
OPLETAL,NATHAN W	OPS-Janitor
ALCEGAIRE,FRANCIS	OPS-Warehouse Operator
ANGELACOS,GREG SCOTT	OPS-Warehouse Operator
BAYLON,RANDY C	OPS-Warehouse Operator
BITNER,VINCENT GEORGE	OPS-Warehouse Operator
BUQUOI,JUSTIN	OPS-Warehouse Operator
CABRIELES III,PABLO	OPS-Warehouse Operator
COLEMAN,EMERY	OPS-Warehouse Operator
DAVIDYUK,RUVIM	OPS-Warehouse Operator
FOXIE,KORDARRO JAMILE	OPS-Warehouse Operator
GALUSKA,TYLER JAMES	OPS-Warehouse Operator
GONZALEZ,GUSTAVO	OPS-Warehouse Operator
HERNANDEZ,OSCAR	OPS-Warehouse Operator
LUKE,CHAD	OPS-Warehouse Operator

MCCULLOUGH,AMIRI KENYAN	OPS-Warehouse Operator
MENDOZA,ERIC	OPS-Warehouse Operator
MICHALSKI,PATRYK	OPS-Warehouse Ld
PLACE,TIMOTHY	OPS-Warehouse Operator
RAMIREZ,RUBEN	OPS-Warehouse Operator
RAMOS,CRISTIAN MICHAEL	OPS-Warehouse Operator
ROBINSON,CYNTHIA DIANE	OPS-Warehouse Operator
RODRIGUEZ,JAIRO JOSE	OPS-Warehouse Operator
STOKES,DERRICK	OPS-Warehouse Operator
TORRES,JOHN ANTHONY	OPS-Warehouse Operator
WILLIAMS JR,LARRY DARNELL	OPS-Warehouse Operator
BARNETT,MICHAEL JOSEPH	Mgr Warehouse
BEESE,MARY C.	OPS-Branch Admin Sr
CASTREJON,ACASIO	Mgr Warehouse
GALLEGOS,JOSE LUIS	Mgr Warehouse
IRVIN,ANDY MICHAEL	Mgr Warehouse
PONCE,CECILIA R	OPS-Branch Administrator
BIELOWICZ,ROBERT T	OPS-Maintenance Mechanic I
CORLETT SR,SCOTT B	OPS-Maintenance Mechanic I
GALAVIZ,JUAN	OPS-Maintenance Mechanic Sr
JANKIEWICZ,JOSHUA JACOB	OPS-Maintenance Mechanic I
STOCKL,NICHOLAS BENJAMIN	OPS-Maintenance Mechanic I
ARTEAGA,KARLA	OPS-Warehouse Operator
BACA,JAIME	OPS-Warehouse Ld
BALDINO,NICK	OPS-Warehouse Operator
BJURMAN,MICHAEL	OPS-Warehouse Operator
BURTZ,ALEXANDER MICHAEL	OPS-Warehouse Operator
CLARA,ANSELMO	OPS-Warehouse Ld
EYNATTEN,SAMUEL EDWARD	OPS-Warehouse Operator
FLORES,ANGEL LUIS	OPS-Warehouse Operator
FORT,COLIS R	OPS-Warehouse Operator
GESICKI,KARL C.	OPS-Warehouse Operator
GONZALEZ,MARC ANTHONY	OPS-Warehouse Operator
GUZMAN,ULISES	OPS-Warehouse Operator
HACKER,KALEB RYAN	OPS-Warehouse Operator
JOHNS,SAINT	OPS-Warehouse Operator
KOTLICKY,LEVI T	OPS-Warehouse Operator
LEBRON,ADRIAN	OPS-Warehouse Operator
MANSON II,ANDRA D	OPS-Warehouse Operator
MARCOS,ANGEL	OPS-Warehouse Operator
MEDINA,LUIS A	OPS-Warehouse Operator
NEWQUIST,TYLER MATTHEW	OPS-Warehouse Operator
OGLESBY,BARRY C	OPS-Warehouse Operator
ORELLANA,RAFAEL A	OPS-Warehouse Operator
PEARSON,NATHAN WILLIAM	OPS-Warehouse Operator
PICKENS,JOHN	OPS-Warehouse Operator
PIZZO,GIUSEPPE SALVATORE	OPS-Warehouse Operator

POLO,GLENN	OPS-Warehouse Operator
QUINTANA,LORENZO	OPS-Warehouse Operator
RITT,PAUL RICHARD	OPS-Warehouse Operator
ROBLES,ALAMO MAURICIO	OPS-Warehouse Operator
RONAYNE,SHEAMUS	OPS-Warehouse Operator
SALINAS,RICARDO R	OPS-Warehouse Operator
WAGNER,KEVIN	OPS-Warehouse Operator
SLIWA JR,GEORGE J	Supv Warehouse
MORALES,LUIS FERNANDO	Supv Training Facility
INGALLS,WILLIAM ANDREW	Sr Dir Operations
ALICEA,ERIC P.	OPS-Branch Trainer
COLWELL,ANDREW	OPS-Branch Trainer
DIXON,JACOB THOMAS LEE	OPS-Branch Trainer
GARCIA,ALAN GABRIEL	OPS-Branch Trainer
KLEIN,ERIC	OPS-Branch Trainer
KLUZAK,JASON	OPS-Branch Trainer
KOLINSKI,TIMOTHY BRIAN	OPS-Branch Trainer
LIM,JONELL ALABATA	OPS-Branch Trainer
SANCHEZ GARCIA,VIDAL	OPS-Branch Trainer
TATUM SR,DEMOND M	OPS-Branch Trainer
WILLEMS,LISA R.	OPS-Warehouse Ld
ARREDONDO,DIANA	OPS-Warehouse Operator
BERMUDEZ,JO ANA	OPS-Warehouse Operator
BERRY,DATISHA PHEON	OPS-Warehouse Operator
BURMAN,KIMBERLY L	OPS-Warehouse Operator
CAMACHO,SUSANA GUADALUPE	OPS-Warehouse Operator
CARDENAS,STEFANY	OPS-Warehouse Operator
DELAFUENTE,LINDA A	OPS-Warehouse Operator
DELUNA,MAYRA	OPS-Warehouse Operator
GALAVIZ,MARICELA	OPS-Warehouse Operator
GREWAL,SARABJIT S.	OPS-Warehouse Operator
HAAS I,MERCEDES CAROLINE MARIE	OPS-Warehouse Operator
HIBBLER,TORSHEILL TYQUETTE	OPS-Warehouse Operator
NIETO,ESTEFANIA	OPS-Warehouse Operator
PALACIOS,JONATHAN EVON	OPS-Warehouse Operator
RADTKE,KIMBERLY	OPS-Warehouse Operator
RODRIGUEZ VAZQUEZ,DALIA G.	OPS-Warehouse Operator
RODRIGUEZ,DELYLA	OPS-Warehouse Operator
SANCHEZ,ANGELICA	OPS-Warehouse Operator
SIBISKI,HEATHER LYNN	OPS-Warehouse Operator
SINGH,MANDEEP	OPS-Warehouse Operator
SLATER,ANITA	OPS-Warehouse Operator
TAPIA,PATRICK	OPS-Warehouse Operator
TELLEZ,ROSARIO	OPS-Warehouse Operator
TORRES,VIRGINIA	OPS-Warehouse Operator
XAVIER,ALEXANDER SIMONRAJ	OPS-Warehouse Operator
ELLIS,ANTHONY R	OPS-Driver II

FERRIGAN,MICHAEL S.	OPS-Driver II
GAMMELL SR,VENTON YOUNGER	OPS-Driver II
HERTEL,MICHAEL A.	OPS-Driver II
LUCAS,SHAWN MICHEL	OPS-Driver II
QUIRK,JOSEPH CHARLES	OPS-Driver II
RUDY,RICHARD J	OPS-Driver II
SANDERS,ERIN ALIYA	OPS-Driver II
SCHULTZ,ROBERT C	OPS-Driver II
ARIAS,BORIS M	OPS-Warehouse Operator
CARBAJAL,MARCO A	OPS-Warehouse Operator
CRUZ,JUN M	OPS-Warehouse Operator
GOMEZ,ADAN E	OPS-Warehouse Operator
GUTIERREZ,LAZARO	OPS-Warehouse Operator
GUZMAN,ARTURO	Seasonal Help
HICKS,KEITH	OPS-Warehouse Operator
JOHNSON,DAVID LYLE	OPS-Warehouse Operator
KELLEHER,BROCK	OPS-Warehouse Operator
LIM,JOSHUA ALABATA	OPS-Warehouse Operator
MCADAMS,SEAN MICHAEL	OPS-Warehouse Operator
MILLER,MICHAEL J	OPS-Warehouse Ld
MISKELL,ZACHARY ALLEN	OPS-Warehouse Operator
MORALES,JEFFREY D	OPS-Warehouse Operator
MURAYAMA,ALEXANDER A.	OPS-Warehouse Operator
PINEDA ALVAREZ,ARMANDO	OPS-Warehouse Operator
PRESBERRY,KINNIE	OPS-Warehouse Operator
ROMAN,RENE	OPS-Warehouse Ld OST
SALGADO,MIGUEL	OPS-Warehouse Operator
SANCHEZ,EDGAR OMAR	OPS-Warehouse Operator
SOSA,JORGE ALBERTO	OPS-Warehouse Operator
STROTHER,GLENN ALAN	OPS-Warehouse Ld
BOUWENS,DALLAS J	OPS-Warehouse Operator
GRANT,KENNETH LAMAR	OPS-Warehouse Operator
HODERA,KYLE C.	OPS-Warehouse Operator
JOHNSON,HAROLD J	OPS-Warehouse Ld
MEDINA,TYLER A.	OPS-Warehouse Operator
MORALES,NOEL	OPS-Warehouse Operator
OZIMEK,JONATHAN	OPS-Warehouse Operator
PHILIPP,CHRISTOPHER N.	OPS-Warehouse Operator
STANTON,LILLY HEAP	OPS-Warehouse Operator
WAGNER,DAVID MICHAEL	OPS-Warehouse Operator
YOUNG,JEREMY	OPS-Warehouse Operator
ZAPATA,KARINA	OPS-Warehouse Operator
AVILA,AMANDO F.	OPS-Warehouse Operator
BETTIS,JAKE TYLER	OPS-Warehouse Operator
CAHALL,EDWARD LAWRENCE	OPS-Warehouse Operator
CAHALL,MEGHAN	OPS-Warehouse Operator
CARMONA JR,JUAN	OPS-Warehouse Operator

COLON,DAVID	OPS-Warehouse Operator
CONWAY,JUSTIN	OPS-Warehouse Ld
DOW,DAVID E.	OPS-Warehouse Operator
GARCIA JR,MIGUEL	OPS-Warehouse Operator
HALL,NICHOLAS	OPS-Warehouse Operator
HILL,CARRIE E	OPS-Warehouse Operator
JACOBSON,AARON M	OPS-Warehouse Operator
JOHNSON,MARCUS	OPS-Warehouse Operator
JUAREZ,HECTOR A	OPS-Warehouse Operator
MAY,KELVIN G	OPS-Warehouse Operator
MITCHELL,BRIAN	OPS-Warehouse Operator
MURUA HILL,GLORIA CELINA	OPS-Warehouse Operator
PEAVEY,AMELIA	OPS-Warehouse Operator
RUY,LARRY LY	OPS-Warehouse Operator
SINGH,ATINDERPAL	OPS-Warehouse Operator
VILLARREAL,ADAM J	OPS-Warehouse Operator
WHITE,ALEKSANDER	OPS-Warehouse Operator
WRIGHT,JUSTIN	OPS-Warehouse Operator
GLEN,MICHAEL J	Pharmacist
ALLISON,MIKE	OPS-Driver I
ARROYO,IVAN E	OPS-Delivery Driver
AVILA,MITCHELL	OPS-Driver I
BANDEMER JR,GERALD R	OPS-Driver II
BONGRATZ,WILLIAM	OPS-Driver II
BORNTRAEGER,TIMOTHY S	OPS-Driver II
BOYER,JAMEL PIERRE	OPS-Driver II
CACERES,GUSTAVO	OPS-Driver II
CAMPAGNA,CARY JOE	OPS-Driver I
CINTORA,CARLOS	OPS-Driver I
DAVY,LESLIE ARNOLD	OPS-Driver II
DOBROWSKI,MARK	OPS-Driver II
ELSNER,DIRK HERBERT	OPS-Driver I
ERLE,GREGORY SCOTT	OPS-Driver II
GARCIA,BENITO	OPS-Driver II
GOMEZ-MURILLO,ORLANDO	OPS-Driver II
GUZMAN,FABIAN	OPS-Driver II
HANRAHAN,RAYMOND T.	OPS-Driver II
HEIDEMANN,DAVID M	OPS-Driver II
HINES,DWAYNE JOSEPH	OPS-Driver II
KIMBLE,CHARLES R	OPS-Driver II
KOSUBENKO,PETE	OPS-Driver II
LAMON,STEVEN	OPS-Delivery Driver
MCCHRISTIAN,CHARLES G	OPS-Driver II
MERLAK,RICK ALLEN	OPS-Driver II
MONROY SR,PEDRO	OPS-Driver II
ASGHAR,RUTH NOREEN	OPS-Inventory Coord Sr
BARTLEY,JOHN	OPS-Inventory Coord

CAMPBELL,DEREK STEPHEN	OPS-Inventory Coord
CARRASCO,JUAN D	OPS-Inventory Coord
CLAY,PRESTON STANLEY	OPS-Inventory Coord
ESKRA,COLLETTE A.	OPS-Inventory Coord
GOMEZ,IGNACIO	OPS-Inventory Control Ld
HAYES,EVA MARIE	OPS-Inventory Coord
LAU,CHUCK	OPS-Inventory Coord
LIMA,SALVATORE M	OPS-Inventory Coord
LUNDEEN,STEPHEN	OPS-Inventory Coord
MCCLURE,SUSAN MARIE	OPS-Inventory Coord
MERINO,ANGELYN PAJENTE	OPS-Inventory Coord
NAVARRO,ALEJANDRO	OPS-Inventory Coord Sr
PITTMAN,KATARINA T.	OPS-Warehouse Clerk
SORIANO,DENNIS A	OPS-Inventory Coord
ANGULO,CHRISTIAN ALEXANDER	OPS-Warehouse Operator
CAMPBELL,DEMORE HUGH	OPS-Warehouse Operator
COMBETTO,KYLE	OPS-Warehouse Operator
DANIEL,NICK EDWARD	OPS-Warehouse Operator
DIEGO,ROBERTO	OPS-Warehouse Operator
ISLAS,JOEL ALEJANDRO	OPS-Warehouse Operator
KRUPA,PETER OWEN	OPS-Warehouse Operator
MENDOZA,VICTOR HUGO	OPS-Warehouse Operator
MORALES,LIONEL	OPS-Warehouse Operator
OLSON,NICK S.	OPS-Warehouse Operator
PANOSIAN,NICHOLAS PATRICK	OPS-Warehouse Operator
PELC,SABRINA	OPS-Warehouse Operator
PEREZ,KEVIN ANGEL	OPS-Warehouse Operator
PORCAYO,JESSE	OPS-Warehouse Operator
THOMPSON,ERIC WILLIAM	OPS-Warehouse Operator
TORRES,LUIS ANGEL	OPS-Warehouse Operator
TURNER,GARETT LEE	OPS-Warehouse Operator
VILLANUEVA,RICARDO	OPS-Warehouse Operator
WALLIN,RICHARD ANDREW	OPS-Warehouse Ld
WILLIAMS,PIERRE DEVON	OPS-Warehouse Operator
BANUELOS,RICARDO	OPS-Warehouse Operator
DRAKE,ANDRE B	OPS-Warehouse Operator
GREEN JR,ALBERT	OPS-Warehouse Operator
MARTINEZ,ERIK	OPS-Warehouse Operator
MCKOOP,TAFARI	OPS-Warehouse Operator
MOJICA,GIOVANNI	OPS-Warehouse Operator
MOLINA,ULISES GUADALUPE	OPS-Warehouse Operator
ORTIZ JR,RAMIRO	OPS-Warehouse Operator
PINEDA,JEREMY STEVE	OPS-Warehouse Ld
PRADO,ALEXANDER	OPS-Warehouse Operator
SALINAS,FILEMON	OPS-Warehouse Operator
THOMAS,JONATHAN DAVID	OPS-Warehouse Operator
WRIGHT,MICHAEL CHRISTOPHER	OPS-Warehouse Operator

MORALES-CAMPOS,JOSE L.	OPS-Driver II
ORTEGA,ANGEL	OPS-Driver II
PALUCH,KRZYSZTOF	OPS-Driver II
PHARES,KEVIN	OPS-Driver I
PIERONI,DANIEL J	OPS-Driver II
PINEDA ALVARENGA,JOSE AGAPITO	OPS-Driver II
PIOTROWSKI,MICHAEL A	OPS-Driver I
PLACHCINSKI,JEREMIE E	OPS-Driver II
PLIMMER,JAMES KELLY	OPS-Driver II
RAMOS MENDEZ,NAHUM	OPS-Driver II
RASKIN,GRIGORIY	OPS-Driver II
RIORDAN,JAMES EDWARD	OPS-Driver II
SCHAEFGES,JOHN ALLEN	OPS-Delivery Driver
SEREMAK,MARK	OPS-Driver II
SMAJDA,JASON	OPS-Driver II
SNARSKI,DIANA	OPS-Delivery Driver
SUTHERLAND,AKEEM ANTHONY	OPS-Driver II
THOMPSON,JEFFREY	OPS-Driver II
TORRES,ARTURO	OPS-Driver II
TOWNSEND,DAVID	OPS-Driver II
WEINHANDL,ROGER A	OPS-Driver II
WILLARD,BRADLEY S.	OPS-Driver I
WILLIAMS,JOHN I	OPS-Driver II
ZEGLEDI,STEPHEN	OPS-Driver II
ZEGLER,DANIEL E	OPS-Driver II
AVALOS-CARRASCO,JOSE ALFREDO	OPS-Delivery Driver
CERNE,JENNIFER S.	OPS-MedTrans Branch Admin
GASCON,KENNETH MICHAEL	OPS-Delivery Driver
HUHNSTOCK,JEFFREY WAYNE	OPS-Driver II
MACIAS,JOSE JESUS	OPS-Driver Ld
OECHSLE,RONEE ANN	OPS-MedTrans Branch Admin
OPLETAL,ROBERT R	Supv MedTrans
O'ROURKE,DONALD P	OPS-Driver II
RIVERA,LEONARDO F.	OPS-Driver Ld
ROSALES,FABIAN	Supv MedTrans
SANCHEZ,LUIS A	OPS-Driver Ld
SHOOP,RALPH E	OPS-Driver II
TEUNE,BRIAN	Supv MedTrans
WATSON,JAMES BRYAN	OPS-Driver II
ANDERSON,EMILY LYNN	OPS-Warehouse Operator
BARRON,MICHELLE	OPS-Warehouse Operator
CADETTE,ELISHA MARIE	OPS-Warehouse Ld
CAMPBELL,JACOB	OPS-Warehouse Operator
CARRANZA,RAFAEL	OPS-Warehouse Operator
CUMMINGS,MICHAEL	OPS-Warehouse Operator
DAVIS,INIKI ACHANTI	OPS-Warehouse Operator
GONDER,CORY WILIIAM	OPS-Warehouse Operator

GORSKI,DAWSON	OPS-Warehouse Operator
HUDDLESTON,LYANIA	OPS-Warehouse Operator
HUMPHREY,SHAINA	OPS-Warehouse Operator
LAZARO,ALYDA C	OPS-Warehouse Operator
LIEB,NATHANIEL GLYN	OPS-Warehouse Operator
PALMA,EMMA RUTH	OPS-Warehouse Operator
PEREIRA,DANIEL	OPS-Warehouse Operator
SALDANA,GABRIEL	OPS-Warehouse Operator
SHEIL,AMY ELIZABETH	OPS-Warehouse Operator
SHEIL,JENNIFER LISA	OPS-Warehouse Operator
SOLIS JR,DANIEL WILBERT	OPS-Warehouse Operator
TELLEZ,JHONNY	OPS-Warehouse Operator OST
TSENG,CHIU-FUNG	OPS-Warehouse Operator
WROBLEWSKI,ANDREW STEPHEN	OPS-Warehouse Operator
ZICKOVICH,DANIELLE MARIE	OPS-Warehouse Operator
AMBRIZ,LUGARDO	OPS-Warehouse Operator
BARKER,MATTHEW	OPS-Warehouse Operator
CARRANZA,FRANCISCO	OPS-Warehouse Ld
CHAVARRIA,ADRIAN	OPS-Warehouse Operator
ESPINOZA,ABDIEL ALBERTO	OPS-Warehouse Operator
FIFIELD,THOMAS J.	OPS-Warehouse Operator
FLORES,ANTIOCO	OPS-Warehouse Operator
GROBLEWSKI,MICHAEL DAVID	OPS-Warehouse Operator
JUAREZ,RAFAEL A	OPS-Warehouse Operator
MARBAN,JOSE	OPS-Warehouse Operator
MITCHELL,GREGORY ALAN	OPS-Warehouse Operator
PASILLAS,DAMIAN S	OPS-Warehouse Operator
PENA,DENNIS EMMANUEL	OPS-Warehouse Operator
PLUNKETT,JERALD	OPS-Warehouse Operator
REPIZO,EDUARDO A	OPS-Warehouse Operator
RIGGS,DONALD A	OPS-Warehouse Operator
RODRIGUEZ,JUSTIN	OPS-Warehouse Operator
SANCHEZ-LOPEZ,RUDY BALDEMAR	OPS-Warehouse Ld
SANVICTORES,RYAN	OPS-Warehouse Operator
SWEENEY,JENNIFER MARIE	OPS-Warehouse Clerk
TENORIO,JUAN JESUS	OPS-Warehouse Operator
VAUGHN,JAMES F	OPS-Warehouse Operator
WASHINGTON,RAYLEN D.	OPS-Warehouse Operator
WELLS,PATRICK SEAN	OPS-Warehouse Operator
ZAK,JOLANTA ANNA	OPS-Warehouse Operator
LATZ,KRIS MICHAEL	Matl Handler QC
LOYD,CHELSEY MICHELLE	QC Inspector Branch
ROBINSON,DENNIS A	QC Inspector Branch
LANT,ARTHUR M	Quality Tech
GASTON,DEVON ISAAC	Inspector
OLIVER,JOHN	Inspector
ALEJANDRO,JOSE A	OPS-Warehouse Operator

BERGLOFF,MARK	OPS-Warehouse Operator
BRENDEMIHL,ABIGAIL LEE	OPS-Warehouse Ld
CANNON JR,DOCK C	OPS-Warehouse Operator
COLE,ANTHONY	OPS-Warehouse Operator
MARTINEC,REBECCA ANN	OPS-Warehouse Operator
RYAN,ADRIENNE ALIVENA	OPS-Warehouse Operator
YOUNG,EDWARD ABREIN	OPS-Warehouse Operator
BROWN II,CHARLES EDWARD	OPS-Inventory Coord Sr
GUNDY,SCOTT DAVID	OPS-Inventory Coord
HURST,ALLEN	OPS-Inventory Coord
AGUIAR,DEVIN ALAN	OPS-Warehouse Operator
ARROYO,SERGIO ROMAN	OPS-Warehouse Operator
BROWN,MARQUIS DAQUAN	OPS-Warehouse Operator
DIAZ ALMODOVAR,WILFREDO	OPS-Warehouse Operator
FRANKLIN,ADAM D	OPS-Warehouse Operator
GALLEGO,MARK A	OPS-Warehouse Operator
GARCIA-SANCHEZ,BRUNO ARMANDO	OPS-Warehouse Operator
GRIFFIN,TORREY C	OPS-Warehouse Operator
HERNANDEZ,LUCIO EMMANUEL	OPS-Warehouse Operator
LANGE,COREY	OPS-Warehouse Ld
ORTEGA,JOSE G.	OPS-Warehouse Operator
ORTEGA-MARTINEZ,ALEJANDRO	OPS-Warehouse Operator
PALMER,DANEL K	OPS-Warehouse Operator
PORCAYO,JESUS	OPS-Warehouse Operator
SORRENTINO,CARMINE	OPS-Warehouse Operator
SAUL,MIKE C	Mgr Warehouse
GARRISON,KENNETH THOMAS	OPS-Branch Trainer
ALVAREZ,YOSHIO	OPS-Warehouse Operator
CERVANTES OVALLE,BENITO	OPS-Warehouse Operator
ENGELHART,BRIAN PAUL	OPS-Warehouse Operator
HAYGOOD,THOMAS	OPS-Warehouse Operator
MORALES,EDUARDO ANTONIO	OPS-Warehouse Operator
NEUMULLER,FRANCIS SANTINO	OPS-Warehouse Operator
PACHECO JR,ROBERTO ISMAEL	OPS-Warehouse Operator
PENG,ERIC WILLIAM	OPS-Warehouse Ld
POHL,MATTHEW	OPS-Warehouse Operator
TERRILL,KENNETH J	OPS-Warehouse Operator
WEATHERLY,JOSIAH ZEPHANIAH	OPS-Warehouse Operator
YBARRA,URIEL	OPS-Warehouse Operator
BAUER,MEGAN ANN	OPS-Branch Administrator
COOK,JAMES	Supv Warehouse
GONZALEZ,FERNANDO JAVIER	Sr Supv Warehouse
RAGAN,JOSEPH ALEXANDER	Supv Warehouse
WRIGHT,RICQO DONAVAN KIEV	OPS-Branch Trainer

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015
(MONTH, DAY, YEAR)

executed by: Medline Industries, Inc. , as Principal,
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , as Surety,
(SURETY)

and 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

Add Location: Medline Industries, Inc. 2200 Cornerstone Parkway, Grayslake, IL 60030

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 11/5/2020
(MONTH, DAY, YEAR)

Signed and Sealed 11/5/2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536 issued by Travelers Casualty and Surety Company of America dated this 20 day of July , 2011, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 20 day of July , 2015, 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* (enter below)

Travelers Casualty and Surety Company of America

BY: _____
Peter S. Forker
Attorney-in-Fact

09/22/2020
***Use current or renewal date.**

Medline Industries, Inc.
medline.com

November 5, 2020

List of Facilities for Nevada State Board of Pharmacy Bond No. 105625536

Location 1: Medline Industries, Inc. One Medline Place Mundelein, IL 60060	Location 9: Medline Industries, Inc. 16415 Cosmos St Moreno Valley, CA 92551
Location 2: Medline Industries, Inc. 1501 Harris Road Libertyville, IL 60048	Location 10: Medline Industries, Inc. 2200 Cornerstone Parkway Grayslake, IL 60030
Location 3: Medline Industries, Inc. 42500 Winchester Road Temecula, CA 92590	
Location 4: Medline Industries, Inc. 1820 S 5200 W Salt Lake City, UT 84104	
Location 5: Medline Industries, Inc. 1960 W Miro Way Rialto, CA 92376	
Location 6: Medline Industries, Inc. 5701 Promontory Parkway, Ste 100 Tracy, CA 95377	
Location 7: Medline Industries, Inc. 8787 W Buckeye Rd Tolleson, AZ 85353	
Location 8: Medline Industries, Inc. 3770 Hogum Bay Road NE Lacey, WA 98516	

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 **Peter S. Forker** of **Rolling Meadows**, **Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017**.

State of Connecticut

City of Hartford ss.

By _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 5th 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 the power is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 5th day of November, 2020, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

AMY E CALLAHAN
Official Seal
Notary Public – State of Illinois
My Commission Expires Jul 17, 2021

Amy E. Callahan
Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015
(MONTH, DAY, YEAR)

executed by: Medline Industries, Inc. , as Principal,
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , as Surety,
(SURETY)

and 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

Add Location: Medline Industries, Inc. 2200 Cornerstone Parkway, Grayslake, IL 60030

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 11/5/2020
(MONTH, DAY, YEAR)

Signed and Sealed 11/5/2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, 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 **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February 2017**.

State of Connecticut

City of Hartford ss.

By _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary, or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 5th 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 the power is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 5th day of November, 2020, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

AMY E CALLAHAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 17, 2021

Amy E. Callahan
Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

Medline Industries, Inc.
medline.com

November 5, 2020

List of Facilities for Nevada State Board of Pharmacy Bond No. 105625536

Location 1: Medline Industries, Inc. One Medline Place Mundelein, IL 60060	Location 9: Medline Industries, Inc. 16415 Cosmos St Moreno Valley, CA 92551
Location 2: Medline Industries, Inc. 1501 Harris Road Libertyville, IL 60048	Location 10: Medline Industries, Inc. 2200 Cornerstone Parkway Grayslake, IL 60030
Location 3: Medline Industries, Inc. 42500 Winchester Road Temecula, CA 92590	
Location 4: Medline Industries, Inc. 1820 S 5200 W Salt Lake City, UT 84104	
Location 5: Medline Industries, Inc. 1960 W Miro Way Rialto, CA 92376	
Location 6: Medline Industries, Inc. 5701 Promontory Parkway, Ste 100 Tracy, CA 95377	
Location 7: Medline Industries, Inc. 8787 W Buckeye Rd Tolleson, AZ 85353	
Location 8: Medline Industries, Inc. 3770 Hogum Bay Road NE Lacey, WA 98516	

Medline Industries, Inc.
Three Lakes Drive
Northfield, IL 60093
1.847.949.5500
1.800.MEDLINE (633.5463)
medline.com

February 3, 2021

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

RE: **Out-of-State Wholesaler Application**

Facility Address: **Medline Industries, Inc.**
2200 Cornerstone Parkway
Grayslake, IL 60030

Fee Remittance: **$500.00**

To Whom It May Concern:

Enclosed please find an application for a Nevada Out-of-State Wholesaler License for the facility referenced above. **We would like to request that the application be included in your April board meeting.**

Please note that the fingerprints of all our officers have been submitted previously; therefore, we have omitted them from our application.

Please feel free to contact me if you have any questions or concerns.

Sincerely,
MEDLINE INDUSTRIES, INC.

Mark Callow
Sr. Licensing Specialist
Ph: 847-643-3801
Fax: 866-780-9777
mcallow@medline.com

Encl. Application
Check - $500.00
Official License Verification – Attachment 1
Home State License – Attachment 2
Designated Representative's Resume – Attachment 3
Corporate Discipline History – Attachment 4
List of Corporate Officers – Attachment 5
Certificate of Good Standing – Attachment 6
Employee List – Attachment 7
Surety Bond – Attachment 8

ADVANCING THE HEALTH OF HEALTHCARE

14C

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Medline Industries, Inc.

Physical Address: 3446 Highway 51 N.

City: Southaven State: MS Zip Code: 38672

Telephone Number: 847-643-4508(Temp) Fax Number: 866-780-9777

Toll Free Number: 1-800-MEDLINE

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

Facility Manager: Bradley Hollen

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Assisted Living, Nursing Homes, Surgical Centers

Type of Products to be handled or wholesaled by firm:

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

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: Insource, Inc.
Address:80 Summit View Lane, Bastain, VA 24314

Name: Amerisource Bergen Drug Corp
Address: 2100 Directors Row, Orlando, FL 32809

Name: Fresenius
Address: 95 Hayden Ave 2 - Ledgemont Ctr, Lexington, MA 02420

Name: Pfizer
Address: 1855 Shelby Oaks Drive N, Ronkonkoma, NY 11779

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 ☐

*This facility has not received any discipline, please see our corporate discipline history. *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. *See Attachment 4

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.

Lara N Simmons

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

Lara N. Simmons — Print Name of Authorized Person

04/28/2021 — Date

Board Use Only	Date Processed:	Amount: 500 Check # 2552552 Processed 5/19/21

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: N/A

Mailing Address: Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-643-4508 Fax: 866-780-9777

Contact 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 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: _____

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 apporximatley 80 shareholders.

Include with the application for a non-publicly traded corporation

List of officers and directors *See Attachment 5

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

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.

*See Attachment 7

- 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".

*See Attachment 8

MISSISSIPPI
Board of Pharmacy

Permit #
18292 / 16.5

Drug Facility
Wholesale Distributor (In-State)

Medline Industries, Inc.
DBA N/A

Permit Holder:
Bradley Hollen

3446 Highway 51N
Southaven, MS 38672

This permit is not transferable or assignable.

Issued: 03/04/2021
Renewed: 03/04/2021
Expires: 12/31/2021

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

MISSISSIPPI BOARD OF PHARMACY

LICENSE VERIFICATION

The Mississippi Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

N/A

Drug Facility

Permit Status:	Active	**Issued Date:**	03/04/2021	**Discipline on File:**	No
Permit #:	18292	**Effective Date:**	03/04/2021	**On Probation:**	No
Classification :	Wholesale Distributor (In-State)	**Expire Date:**	12/31/2021	**Address:**	3446 Highway 51N Southaven, MS 38672

Public Records

No disciplinary documents were found!

Information loaded from this database is current as of 4/28/2021 2:12:26 PM

File Number 5133-055-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

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* 18TH *day of* MAY ***A.D.*** 2021 .

Authentication #: 2113802666 verifiable until 05/18/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment 5

MEDLINE INDUSTRIES, INC.
CORPORATE OFFICERS

STATE OF INCORPORATION: ILLINOIS
FEIN: 36-2596612

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

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

Bradley Hollen

[redacted] Mitchel Place
Olive Branch, MS 38654
[redacted]

Summary

Dependable Manager with 9+ years of employee supervision and warehouse management. Skilled at managing all aspects of the warehouse and staying safety compliant. Promoted to positions of increased responsibility given strong people skills and operational excellence.

Employment History

Medline Industries
Southaven, MS
April 2021-Present

-Promotes a safe work environment and enforces plant safety policies and procedures
-Supports Human Resource process throughout branch
-Supports Supervisor development and growth through one on one training sessions
-Supports local sales to support customer service
-Lead and support daily processes to ensure order fulfillment
- Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.

Warehouse Manager
Memphis, TN
August 2020-April 2021

-Promotes a safe work environment and enforces plant safety policies and procedures
-Supports Human Resource process throughout branch
-Supports Supervisor development and growth through one on one training sessions
-Supports local sales to support customer service
-Lead and support daily processes to ensure order fulfillment
- Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.

Medline Industries

Warehouse Manager
Plainfield, Indiana
January 2020-Present

-Promotes a safe work environment and enforces plant safety policies and procedures
-Supports Human Resource process throughout branch
-Supports Supervisor development and growth through one on one training sessions
-Supports local sales to support customer service
-Lead and support daily processes to ensure order fulfillment
- Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.

LSC Communications

Operations Manager
Plainfield, Indiana
June 2019- January 2020

- Completes production plan by scheduling and assigning personnel
- Creates and revises systems and procedures
- Develop specific goals and plans to prioritize, organize, and accomplish group objectives
- Promotes safe work practices and enforces plant safety policies

Fastenal

Shipping Manager
Indianapolis, Indiana
August 2017 – June 2019

- Department loads 50 trailers at 40k lbs for 15 hubs around the country each day
- Department unloads 30 trailers a day
- 24/7 operations
- Schedules 3PL and outside freight
- Employee development
- Payroll
- Interview Process

Picking Manager

March 2015-August 2017

- Oversee 135 part time employees and 15 full time employees
- 30k picks a day
- In charge of 35 million dollars of inventory
- Cost reduction
- Employee development
- Payroll
- Interview Process

Receiving Manager

April 2012- March 2015

- Cost reduction
- Employee Retention
- Accounts payable/receivable
- 20 million dollars of inventory
- Payroll
- Interview Process

Receiving

August 2009- April 2012

- Employee training and development
- Accounts payable
- Cost of goods
- Cost reduction

Indiana Air National Guard
TACP
Terre Haute, Indiana
January 2010 – January 2016

- Time Management

- Critical thinking

- Training and supervision

- Teamwork

Languages

English: Native

German: Beginner
Spanish: Beginner

Education

Indiana State University
Business Management
Terre Haute, Indiana
Transferred May 2011

Iupui
Business Management
Indianapolis, Indiana
Deferred May 2016

References

Professional-Matthew Carter (765) 730-6286

Professional-Matthew Gohn (317) 397-6752

Personal-Aaron Kaiser (317) 682-8925

Personal-Ben Krushinski (317) 385-9710

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 faculty. 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., Waipahu, 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.
1/6/2021	1501 Harris Rd, Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. License #01-1985050 received a fined $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 processes and updated our guidelines for the type of license required for 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.

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015
(MONTH, DAY, YEAR)

executed by: Medline Industries, Inc. , **as Principal,**
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , **as Surety,**
(SURETY)

and 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

Add Location: Medline Industries, Inc. 3446 Highway 51 N. Southaven, MS 38672

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 3/29/2021
(MONTH, DAY, YEAR)

Signed and Sealed 3/29/2021
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, 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 **Peter S. Forker of Rolling Meadows, Illinois,** their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 29th day of March, 2021

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 29th day of March, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536 issued by Travelers Casualty and Surety Company of America dated this 20 day of July , 2011, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 20 day of July , 2015, 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* (enter below)

Travelers Casualty and Surety Company of America

BY: _____
Peter S. Forker
Attorney-in-Fact

09/22/2020
***Use current or renewal date.**

Name	Job Title
JONES,MARLACEIA T	OPS-Warehouse Operator
HUNT,NASTASIA	OPS-Warehouse Operator
PROVATOPOULOS,DIMITRIUS	OPS-Warehouse Operator
BARR,KIMYATA	OPS-Warehouse Operator
BUFFINGTON,MARTAVIS LASHON	OPS-Warehouse Operator
BARBER,BRANDON KRISTOPHER	OPS-Warehouse Operator
TOWNSEND,CRYSTAL MONIQUE	OPS-Warehouse Operator
PHILLIPS,AMBER	OPS-Warehouse Operator
JORDAN,MONTRELL	OPS-Warehouse Operator
PAYNE,DEANGLEO	OPS-Warehouse Operator
TURNER,CARLA VICTORIA	OPS-Warehouse Operator
TAYLOR,BOBBY	OPS-Warehouse Operator
JONES,ROOSEVELT LATERIOUS	OPS-Warehouse Operator
HARRIS,CHRISTOPHER	OPS-Warehouse Operator
GARDNER,ANDREA NICOLE	OPS-Warehouse Operator
KNIGHT,CONSTANCE	OPS-Warehouse Operator
ELY,JIMMY	OPS-Warehouse Operator
STOKES,ALDEN	OPS-Warehouse Operator
BROWN,STEPHANIE NICOLE	OPS-Warehouse Operator
MCCADNEY,SAMIA A	OPS-Warehouse Operator
HALL,MICHAEL ANTHONY	OPS-Warehouse Operator
GLADNEY,DARON MASRSHAUN	OPS-Warehouse Operator
HODGES,CARNETTA MICHELLE	OPS-Warehouse Operator
CUNNINGHAM,ROBERT LEWIS	OPS-Warehouse Operator
LOVE,RYAN CHRISTOPHER	OPS-Warehouse Operator
CARR,EDWIN D	OPS-Warehouse Operator
WELCH-ORMS,DAPHNE DANIELLE	OPS-Warehouse Operator
JUSTICE,LAWRENCE	OPS-Warehouse Operator
TURNER,CORDELL LARONE	OPS-Warehouse Operator
BOHANNA,JOSEPH	OPS-Warehouse Operator
JOHNSON,GARY	OPS-Warehouse Ld
VALENTINE,KOYA RENEE	OPS-Warehouse Clerk
ROBY,HARVELL	OPS-Warehouse Operator
JOHNSON,DEMAURIEL L	OPS-Warehouse Operator
KRENNER,TIMITHY J	Supv MedTrans
STANSFIELD,ROBERT MARK	Dir Operations
BRITTON,QUIVEN GENE	OPS-Driver Ld
PARR III,RICHARD W.	OPS-Driver Ld
KIRKPATRICK,TODD D	OPS-Driver II
HILL,LEKEVA ANTHONIQUE	OPS-Driver II
FARRIS,JOHN WESLEY	OPS-Driver II
DYSON,TYRONE FITZGERALD	OPS-Driver II
GENTRY SR,ERIC WAYNE	OPS-Driver II
REEVES,JASON THOMAS	OPS-Driver II
BOVAN,KELVIN LAMAR	OPS-Driver II

HARRISON,DARRELL	OPS-Driver II
HUGHES,MARK ALAN	OPS-Driver II
WESLEY,LEONARD A	OPS-Driver II
CALDWELL,LAZARUS VAL	OPS-Delivery Driver
BRITT,GERALD DELOSS	OPS-Driver II
WEBB I,CHRISTOPHER LATRELL	OPS-Driver I
JONES,CHADDSTON	OPS-Driver II
COVINGTON,RYAN D.	OPS-Driver II
SMITH,CHARLIE NATHANIEL	Supv Warehouse
DAVIS,CHRISTOPHER DESHUN	OPS-Warehouse Operator
SHAW,SHUNTERIKA	OPS-Warehouse Operator
MACKLIN,MARTICUS LAVINCE	OPS-Warehouse Operator
BRANUM,JESSICA LOUISE	OPS-Warehouse Operator
DAVIDSON,ASHTON	OPS-Warehouse Operator
VARGAS,JENNIFER ANN	OPS-Warehouse Operator
JOHNSON,MARQUITA	OPS-Warehouse Operator
WATSON,TRAVEYAS	OPS-Warehouse Operator
EDWARDS,TERRENCE	OPS-Warehouse Operator
RHODES,MARCUS J	OPS-Warehouse Operator
JONES,SELESIA E	OPS-Warehouse Operator
TATE,STEPHEN DEWAYNE	OPS-Warehouse Operator
MADKINS,WILLIE E	OPS-Warehouse Operator
HURD,DEVIN	OPS-Warehouse Operator
SHAW,CHRISTOPHER MARIO	OPS-Warehouse Operator
WILSON,JEFFERY	OPS-Warehouse Operator
GREGORY,LATOYA R	OPS-Warehouse Operator
PRYOR,ANTONIO M	OPS-Warehouse Operator
JOHNSON,CARL KEAUNDRE	OPS-Warehouse Operator
BRANTLEY,KAITLIN CAMILLE	OPS-Warehouse Operator
HARRIS,RANDY	OPS-Warehouse Operator
FROST,DEANDREA	OPS-Warehouse Operator
RICHARDSON,RAVEN	OPS-Warehouse Operator
EASON,LAWRENCE	OPS-Warehouse Operator
GREER,TYLA LASHUN	OPS-Warehouse Operator
ABRAMS,JAMILAH	OPS-Warehouse Operator
LEVINGSTON,BRIANNA MARIE	OPS-Warehouse Operator
BOOKER,MORRIQUES	OPS-Warehouse Operator
MCELROY,NATASHA	OPS-Warehouse Operator
MOSS,TARI L	OPS-Warehouse Operator
SULLIVAN,JOHN C	OPS-Warehouse Operator
DEMOVILLE,WANDA KAY	OPS-Warehouse Ld
BECTON,MARVON LEA	OPS-Warehouse Operator OST
MATTHEWS,SARAH ANN	OPS-Warehouse Operator
HODERMAN,MICHAEL J.	Supv Warehouse
HYMAN,DAVIONNA	OPS-Warehouse Operator
ALEXANDER,JACQUELINE ELAINE	OPS-Warehouse Operator
RAINEY JR,DON	OPS-Warehouse Operator

ROSS,EDWARD JAMES	OPS-Warehouse Operator
SHERRILL,DANGELO	OPS-Warehouse Operator
VANN,DERRICK BRANDON MARQUIS	OPS-Warehouse Operator
BRADFORD,PRECIOUS CIERRA	OPS-Warehouse Operator
JOHNSON,ANTHONY EUGENE	OPS-Warehouse Operator
TAYLOR,DENNIS	OPS-Warehouse Operator
MACKEY JR,DURRELL	OPS-Warehouse Operator
VARGAS,DANIEL	OPS-Warehouse Operator
FLOWERS,JERONE Z	OPS-Warehouse Operator
MOTLEY,SAM J	OPS-Warehouse Ld
WILLIAMS,CARNELL DESHUN	OPS-Warehouse Operator
ALLEN JR,KENNETH EDWARD	OPS-Warehouse Operator
LAY,JACKSON RAY	OPS-Warehouse Operator
NUGENT,O'NEAL ANTHONY	OPS-Warehouse Operator
WELKER,CHRISTINE MICHELLE	OPS-Warehouse Ld
COHEN,LINDA	OPS-Warehouse Operator
BERRY,CHRISTOPHER J	OPS-Warehouse Operator
WILSON,WHITNEY	OPS-Warehouse Operator
STINSON,BRANDON	OPS-Warehouse Operator
FOREST,ERIC MONTEZ	OPS-Warehouse Operator
SHELTON,JAMES COURTNEY	OPS-Warehouse Operator
GOODEN,JARVIS CORTEZ	OPS-Warehouse Operator
TODD,DAVID DONNELL	OPS-Warehouse Operator
BROWN,CORTINIE	OPS-Warehouse Operator
TURNER,SHIRLEY	OPS-Warehouse Operator
PETTIES,QUENTIN CORRELL	OPS-Warehouse Operator
WARD,DEMETRICK SEAN	OPS-Warehouse Operator
ELLIS,HENRY	OPS-Warehouse Operator
WILLIAMS,CHAMEKIA	OPS-Warehouse Operator
BAKER,TAMIKA	OPS-Warehouse Operator
WRIGHT,KENNETH LAWRENCE	OPS-Warehouse Operator
MINOR,EDWARD L.	OPS-Warehouse Operator
BOSS,DEJARVALIN	OPS-Warehouse Operator
BROWN,SCOTTY WAYNE	OPS-Warehouse Operator
ECHOLS,REGINALD HENRY	OPS-Warehouse Clerk
HAYS,ROBERT L	OPS-Maintenance Mechanic I
GEORGE,YOLANDA M	OPS-Branch Administrator
ADAMS,ZACHARY DOUGLAS	OPS-Maintenance Mechanic Sr
HOLLEN,BRADLEY	Mgr Warehouse
JENNINGS,SELMA D	OPS-Branch Administrator
MAYO,CODY	Mgr Warehouse
DAGASTINO,MARGARET	OPS-Branch Administrator
LITTLE,CHAKA	OPS-Maintenance Mechanic I
KUFORIJI,MICHAEL	Assoc Mgr Warehouse
MCLAUGHLIN,JAY W.	Mgr Warehouse
MOORE,FELICIA N	Supv Warehouse
GIBBS,ROCHELLE	OPS-Branch Administrator

BRIDGES,LATOYA MONTRICE	Supv Warehouse
CHENAILLE,DEBRA LYNN	Supv Warehouse
NEWSOM,BRITTANY MALONE	OPS-Warehouse Clerk
SHAW,JAMARCUS DEON	OPS-Warehouse Operator
BLACK,JADA	OPS-Warehouse Operator
FURLOW JR,DONALD	OPS-Warehouse Operator
LOVELACE,STANLEY	OPS-Warehouse Operator
KEATON,LATAVIA	OPS-Warehouse Operator
GROSS,JESSICA	OPS-Warehouse Operator
STIGLER,ERICA	OPS-Warehouse Operator
PAYNE,CORDARIUS QUANTEZ	OPS-Warehouse Operator
DAVIS,LAVONTA	OPS-Warehouse Operator
BROWNLEE,BETRICE	OPS-Warehouse Operator
PRATCHER,FREDRICK	OPS-Warehouse Operator
SIMS,REGINALD A.	OPS-Warehouse Operator
BLACK,DAVID K	OPS-Warehouse Ld
YOUNG,CORDELL M	OPS-Warehouse Operator OST
TURNER,CORTEZ D	OPS-Branch Trainer OST
REDMOND,FRANK	OPS-Warehouse Operator
REEDSMITH,KAREAN	OPS-Warehouse Operator
ARMSTEAD SR,LADARIUS A	OPS-Warehouse Operator
TURNER,DIANN	OPS-Branch Trainer
BUGGS,MARCUS	OPS-Branch Trainer
BLAKE,FELICIA	OPS-Branch Trainer
MILLER,ANTHONY ANTONIO	OPS-Branch Trainer
LINSEY,CARLTEZ	OPS-Branch Trainer
SYKES,ANGELO DEAN	OPS-Branch Trainer
BURNS,DEMETRIA	OPS-Branch Trainer
HALL,CYNTHIA	OPS-Branch Trainer
THOMPSON,ROBERT LEE	OPS-Branch Trainer
JOHNSON,SHERITA	OPS-Branch Trainer
CALDWELL,ROBIN	OPS-Branch Trainer
WARD,QUAIN M.	OPS-Branch Trainer
THOMAS,MARQUISHA	OPS-Branch Trainer
BRIGGS,MALVERTA	OPS-Warehouse Ld
PINKINS,DENISE L	OPS-Branch Trainer
GATES,COREY	OPS-Branch Trainer
HUGHES,MELAINA L.	Supv Warehouse
WARE,PHYLLIS ROSETTA	OPS-Warehouse Clerk
BA,MOHAMADOU	Supv Warehouse
DAVIS,CASSANDRA	Supv Warehouse
ADAMS,RICKY	Supv Warehouse
HILL,ADRIAN ERIC	Supv Warehouse
DODSON JR,EDDIE LEE	Supv Warehouse
PHILLIPS,JEREMY DAVON	OPS-Warehouse Operator
HAYES,STEVEN WAYNE	OPS-Warehouse Operator
FLEMING,JAYLON	OPS-Warehouse Operator

COPELAND,CARLOS	OPS-Warehouse Operator
BOYD,XAVIER R.	OPS-Warehouse Operator
HOUSTON III,HENRY ALBERT	OPS-Warehouse Operator
TAYLOR,CHRISTOPHER	OPS-Janitor
MARION,TRISTAN	OPS-Warehouse Operator
GREER,GERALD M	OPS-Warehouse Operator
BURKINS,RASHUNDA	OPS-Warehouse Operator
DAWSON,DANNY RAY	OPS-Warehouse Operator
JONES,MARLEN ANTHONY	OPS-Warehouse Operator
MURRY,TAMANESHIA LA'SHEA	OPS-Warehouse Operator
MCNEIL,MCKINLEY	OPS-Warehouse Operator
MAXEY SR,JUSTIN CALVIN	OPS-Warehouse Operator
YOUNG,DAVID C.	OPS-Warehouse Operator
RAINER,OCTAVIAUS CATEZ	OPS-Warehouse Operator
WHITNEY,COMMODORE LAJEAN	OPS-Warehouse Operator
SIMS,LADARIUS	OPS-Warehouse Operator
STOKES,TORRENCE LYDALE	OPS-Warehouse Operator
CORNELIO DE ROSALES,TERESA NICOLE	OPS-Warehouse Operator
HAGOS,WOLDESENBET TSEGAYE	OPS-Warehouse Operator
STANFORD,ERICKA D	OPS-Warehouse Operator
MILLER,ANTHONY SIGSBY	OPS-Warehouse Operator
ABSTON,LAKESHA S	OPS-Warehouse Operator
SAMAYOA,OLGA VICTORIA	OPS-Warehouse Operator
HAMILTON,KATRINA R	OPS-Warehouse Operator
GILLIAND,LAQUANA	OPS-Warehouse Operator
WEEKS,MARQUELL JERMAINE	OPS-Warehouse Operator
VASQUEZ,MARIA DIGNA	OPS-Warehouse Operator
HOLIDAY II,DARRYL	OPS-Warehouse Operator
HOWARD,GLENDA	OPS-Warehouse Operator
WEST JR,EUGENE	OPS-Warehouse Operator
ST.CLAIR,RAVEN N	OPS-Warehouse Operator
OWENS,TANISHA	OPS-Warehouse Operator
HOGAN I,SITY MALIKAH	OPS-Warehouse Operator
BRADFORD,BRIAN	OPS-Inventory Coord
PODEWILS,KEEFER	OPS-Inventory Coord Sr
HULLETTE,PATANZA	OPS-Inventory Coord
NDIAYE,MAHI	OPS-Inventory Coord
ROMES,ALEXIS J.	OPS-Inventory Coord
SMITH,JEREMY CLAUDE	OPS-Inventory Control Ld
KELLEY,ADYL L	OPS-Inventory Coord Sr
HARRIS JR,JAMES	OPS-Inventory Coord
CRAWFORD,SONYA TOMEKIO	OPS-Inventory Coord
SNELL,WAYNE ROY	Sr Supv Warehouse
RANDLES,CHARLES C.	Supv Warehouse
JARVIS,TERI LEE	Supv Training Facility
TYSON SR,ELRIK PERNELL	Supv Warehouse
CHINOPULOS,CASSIE ROSE	Supv Warehouse

HOLLOBAUGH,CHRISTOPHER P	Supv Warehouse
HORTON,JASMINE GABRIELLE	OPS-Warehouse Operator
PERKINS,LOLA JEAN	OPS-Warehouse Operator
HOLT,ERICA RENEE	OPS-Warehouse Operator
FARMER,ANNETTE	OPS-Warehouse Operator
JACKSON,TIERRANI	OPS-Warehouse Operator
JONES,LAKAYLA	OPS-Warehouse Operator
JOHNSON,SHAMERE M	OPS-Warehouse Operator
JACKSON,ZACHARIAH A	OPS-Warehouse Operator
NEAL,LATIA TANGANIKA	OPS-Warehouse Operator
PIPKIN,LAQUINTA	OPS-Warehouse Operator
SIMS,NYQUEASHA	OPS-Warehouse Operator
BROWN CRUTCHER,CAMISHA	OPS-Warehouse Operator
WALLS,JENNIFER	OPS-Warehouse Operator
MCGHEE,MARIETTA	OPS-Warehouse Operator
NEWSON,SALISA SIMONE	OPS-Warehouse Operator
FAULKNER,DERRICK E	OPS-Warehouse Operator
CHAVIS-DOUGLAS,AVIANCE S	OPS-Warehouse Operator
HEROD,KIMBERLY L	OPS-Warehouse Operator
MACKLIN,SHANNON	OPS-Warehouse Operator
PENA,DEYSI LILIANA	OPS-Warehouse Operator
MARTINEZ,MIGUEL ANGEL	OPS-Warehouse Ld
FOXX-DAVIS,DAPHNE MARIE	OPS-Warehouse Operator
WEST,DENISE	OPS-Warehouse Operator
MARTINEZ,MARLEN AIDA	OPS-Warehouse Operator
CARIAS VILLALOBOS,MARIA ELSA	OPS-Warehouse Operator
GARNER,RENADA CORELLI	OPS-Warehouse Operator
GARCIA,ANA DAYSI	OPS-Warehouse Operator
BEKLE,WIONSHET KIBRET	OPS-Warehouse Operator
HATCHET,CARLA MARIE	OPS-Warehouse Operator
COOKBEY,MARIA GABRIELLA	OPS-Warehouse Operator
POPE,JACOLE ENDREA	OPS-Warehouse Operator
THOMAS,NEKA LASHON	OPS-Warehouse Operator
POLLARD,JUNITA	OPS-Warehouse Operator
PARNELL,LUQURETTA	OPS-Warehouse Operator
COLLINS,LATOSHA RENEE	OPS-Warehouse Operator
MYERS,BREANNA ALEXZANDRYA	OPS-Warehouse Operator
SHOLAR,KAYLA	OPS-Warehouse Operator
HINES,JOZLYN A	OPS-Warehouse Operator
PERKINS,TONI MONET	OPS-Warehouse Operator
BOYD,CARLA MICHELLE	OPS-Warehouse Operator
EASON,GABRIEL J	OPS-Warehouse Operator
LAUDERDALE,CHANDRA	OPS-Warehouse Operator
BARBER,LOISTINE	OPS-Warehouse Operator
ANDERSON,LAKESIUS MEYANA	OPS-Warehouse Operator
HARDAWAY,DANNESHIA LATRICE	OPS-Warehouse Operator
MOSLEY,KEYANNAH DARNESHIA	OPS-Warehouse Operator

RILEY,ANTONIECE L.	OPS-Warehouse Operator
WRIGHT,TRANISHIA ANN	OPS-Warehouse Operator
CALHOUN,VALENCIA LATRECE	OPS-Warehouse Operator
GREEN,TYRANNY	OPS-Warehouse Operator
LAWRENCE IV,WANDA KAY	OPS-Warehouse Operator
ALLEN,REKERRIE LAPORSCHE	OPS-Warehouse Operator
WILLIAMS JACKSON,ARIEL	OPS-Warehouse Operator
CLARK,CRYSTAL	OPS-Warehouse Operator
HIBLER,GABRIEL	OPS-Warehouse Operator
NEWBY,ERIKA	OPS-Warehouse Operator
SIMON,TAKESHA	OPS-Warehouse Operator
DYSON,JASMINE	OPS-Warehouse Operator
DICKEY,ADAM SHULTZ	OPS-Warehouse Operator
MAYBERRY,AVERY DREW	OPS-Warehouse Operator
ALLEN,KARMESHA	OPS-Warehouse Operator
COOPER,DARNECIA	OPS-Warehouse Operator
FORD,LATASHA	OPS-Warehouse Operator
TATE,CHRISTOPHER	OPS-Warehouse Operator
JONES,ALEXIS M.	OPS-Warehouse Operator
ROBINSON,TAKERA	OPS-Warehouse Operator
CLAYBORN,LADARRION DEVONTE	OPS-Warehouse Operator
TRICE,DARRELL DEWAYNE	OPS-Warehouse Operator
ROSALEZ,MELISSA CORNELIO	OPS-Warehouse Operator
WHITE,JT	OPS-Warehouse Operator
BROWN,NATRON	OPS-Warehouse Ld
CALHOUN,CORZERRIUS DEANTE	OPS-Warehouse Operator
WOODALL,BRIAN DEAN	OPS-Warehouse Operator OST
MEANS,JOACHIM	OPS-Warehouse Operator
CHALMERS,IDA ROCHELL	OPS-Warehouse Operator
DAWSON,TONY	OPS-Warehouse Operator
HAYNES,JAMES EUGENE	OPS-Warehouse Operator OST
PICKETT,WILLIE	OPS-Warehouse Operator
YARBROUGH,FREDRICK DEWAYNE	OPS-Janitor
MOORE,SHAMARA	OPS-Warehouse Operator
LATTIMORE,BRYAN	OPS-Warehouse Operator
LEWIS,TAMMY RASHELLE	OPS-Warehouse Operator
BROOKINS,RASHEEDAH A	OPS-Warehouse Ld
ROBI,SAMUEAL BIRATU	OPS-Warehouse Operator
CAL,AUDREY	OPS-Warehouse Operator
PHILLIPS,TANGALA MARIE	OPS-Warehouse Operator
HARRIS,BRIANNA LASHONDRIA	OPS-Warehouse Operator
EASON,MARY	OPS-Warehouse Operator
RODRIGUEZ-GUERRERO,ARACELI	OPS-Warehouse Operator
BROWN,STEPHANIE MICHELLE	OPS-Warehouse Operator
BRIDGEFORTH,LOREL	OPS-Warehouse Operator
NEWSON,YOLONDA MICHELLE	OPS-Warehouse Operator
EASON,KENESHIA TANAE	OPS-Warehouse Operator

BLEDSOE,ERIKA	OPS-Warehouse Operator
JENNINGS,SHALETHA	OPS-Warehouse Operator
CHISM,JESSICA	OPS-Warehouse Operator
WEBB-DONALD,LATOYA NICHOL	OPS-Warehouse Operator
LEVY,NECOLE	OPS-Warehouse Operator
SNEED,CHARLOTTE MARIA	OPS-Warehouse Operator
WHITE,LAUREN ASHLEY	OPS-Warehouse Operator
MARKS,SHATARA RENA	OPS-Warehouse Operator
WHITLOCK,TRACY	OPS-Warehouse Operator
TOLES SR,REGINALD BERNARD	OPS-Warehouse Operator
PRIDE,TAMARA	OPS-Warehouse Operator
ANDERSON,JASMINE	OPS-Warehouse Operator
EVANS,TAKITSHA	OPS-Warehouse Operator
HOLLOWAY,MICHELLE	OPS-Warehouse Operator
VAUGHN,LASHONDA	OPS-Warehouse Operator
SANDERS,JEREMY	OPS-Warehouse Operator
JONES,KIRISTIEN	OPS-Warehouse Operator
YANCEY,LATASHA LAFAYE	OPS-Warehouse Operator
COOPER,KOREY MATTHEW	OPS-Warehouse Operator
DUNLAP,TEIONNA RASHUN	OPS-Warehouse Operator
HARRIS,CORNESHA	OPS-Warehouse Operator
SMITH,IESHA R	OPS-Warehouse Operator
JACKSON,AMBER	OPS-Warehouse Operator
QUALLS,SHUNTERRIA	OPS-Warehouse Operator
MACK,ANTANET	OPS-Warehouse Operator
WARD,FREDRIKA ALANTE	OPS-Warehouse Operator
JONES,JESSICA LAKITA	OPS-Warehouse Operator
BELL,JADA	OPS-Warehouse Operator
CURTIS,TESHEENA	OPS-Warehouse Operator
RICE,LORNE E	OPS-Warehouse Operator
GLOVER,FAMESHA LAVETT	OPS-Warehouse Operator
DAVIS,VALENTINO	OPS-Warehouse Operator
FITZGERALD,TONYA	OPS-Warehouse Operator
MEADOWS,TIMOTHY	OPS-Warehouse Operator
JOHNSON,LATONYA LASHELL	OPS-Warehouse Operator
STEWART,ANITA	OPS-Warehouse Operator
HAYDEN,TECHIARA LASHAE	OPS-Warehouse Operator
MCCLINTON,ANNIE MAE	OPS-Warehouse Operator
FEIN,CLINT MARC	OPS-Warehouse Operator
THACH,CHHOUNG S	OPS-Warehouse Operator
HOLLOMON,RONA	OPS-Warehouse Operator
COLE,SANDRA	OPS-Warehouse Ld
AMAECHI,BARTHOLOMEW N	OPS-Warehouse Operator
PERKINS,SHAMEKA OLINDA	OPS-Warehouse Operator
LANIER,MARY	OPS-Warehouse Operator
JAMES,PRINCETON	OPS-Warehouse Operator

File Number 5133-055-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

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 .

Authentication #: 2036401834 verifiable until 12/29/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Medline Industries, Inc.
Three Lakes Drive
Northfield, IL 60093
1.847.949.5500
1.800.MEDLINE (633.5463)
medline.com

April 28, 2021

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

RE: **Out-of-State Wholesaler Application**

Facility Address: **Medline Industries, Inc.**
3446 Highway 51 N.
Southaven, MS 38672

Fee Remittance: **$500.00 for application and $241.50 for fingerprinting**

To Whom It May Concern:

Enclosed please find an application for a Nevada Out-of-State Wholesaler License for the facility referenced above. **We would like to request that the application be included in your July board meeting.**

Please feel free to contact me if you have any questions or concerns.

Sincerely,
MEDLINE INDUSTRIES, INC.

Mark Callow
Sr. Licensing Specialist
Ph: 847-643-3801
Fax: 866-780-9777
mcallow@medline.com

RECEIVED
APR 30 2021
NEVADA STATE BOARD OF PHARMACY

Encl. Application
Check for Application - $500.00
Official License Verification – Attachment 1
Home State License – Attachment 2
Designated Representative's Resume – Attachment 3
Corporate Discipline History – Attachment 4
List of Corporate Officers – Attachment 5
Certificate of Good Standing – Attachment 6
Employee List – Attachment 7
Surety Bond – Attachment 8

Check for Fingerprinting – $241.50
Fingerprint Cards w/ Fingerprint Waivers for 5 Officers and 1 Designated Representative

ADVANCING THE HEALTH OF HEALTHCARE

14D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: The Compounding Center, Inc.

Physical Address: 1110 E. McDowell Rd.

City: Phoenix State: AZ Zip Code: 85006

Telephone Number: 480-478-6450 Fax Number: 480-478-6459

Toll Free Number: 877-542-9888

E-mail: Compliance@tccpharma.com Website: www.tccpharma.com

Facility Manager: Joel Gomez

Professional qualifications and experience of facility manager: see resume attached

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies ☑ Practitioners ☑ Hospitals ☐ Wholesalers
☑ Other: Veterinary Clinics

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☑ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: McKesson Medical Surgical
Address: 7343-A South Hardy Dr. Ste.101, Tempe, AZ 85283

Name: Insource, Inc.
Address: 80 Summit View Lane, Bastian, VA 24314

Name: Anda, Inc.
Address: 2915 Weston Rd, Weston, FL 33331

Name: Curascript Specialty Distribution
Address: 2040 W. Rio Salado Pkwy, Ste.101A, Tempe, AZ 85281

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

Joel Gomez
Print Name of Authorized Person

3-31-21
Date

Board Use Only	Date Processed:	Amount: 500 ✓ Processed 4/7/21 Check # 2201

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Arizona

Parent Company if any: N/A

Mailing Address: 1110 E. McDowell Rd.

City: Phoenix State: AZ Zip: 85006

Telephone: 480-478-6450 Fax: 480-478-6459

Contact Person: Joel Gomez

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

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

a) Joel Gomez, 1110 E. McDowell Rd, Phoenix, AZ 85006
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. 100,000

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

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.

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: 09/16/2019
Receipt Number: 201966830
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO	EXPIRES
W003083	10/31/2021

Issued to:

The Compounding Center, Inc.
The Compounding Center, Inc.
1110 E. MCDOWELL RD.
PHOENIX, AZ 85006

The Compounding Center, Inc.
1110 E. MCDOWELL RD.
PHOENIX, AZ 85006

Ken Sadi
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 : The Compounding Center, Inc.
LICENSE NUMBER : W003083
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.

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 :	The Compounding Center, Inc.
Address :	1110 E. McDowell Rd. Phoenix AZ 85006
License No :	W003083
Permit Type :	Wholesaler
Sub Type :	Full Service
Date Issued :	04/12/2018
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 03/23/2021

See Attached

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: The Compounding Center, Inc.

Address: 1110 E. McDowell Rd

City: Phoenix State: AZ Zip: 85006

I hereby authorize the Arizona 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

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

Visit OpenBooks (https://openbooks.az.gov) Ombudsman-Citizens Aide (https://www.azoca.gov)

Get the facts on COVID-19 (https://azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-home) AZ.Gov (https://az.gov/search/) (https://az.gov)

Arizona State Board of Pharmacy (/)

Protects the health, safety and welfare of the citizens of Arizona

(/)

Verify Status/Licenses/Permits

The Arizona State Board of Pharmacy no longer provides hardcopy verifications of licensure, however we are still able to offer this service via our website.
Use the options below to verify applications, licenses, and permits:

****Please note printing of this verification *is not* a license**

Click here to verify the status of an application (https://azbop.igovsolution.net/online/Lookups/Application_StatusCheck.aspx)
Click here to verify a license (https://azbop.igovsolution.net/online/Lookups/AZIndividual_Lookup.aspx)
Click here to verify a permit (https://azbop.igovsolution.net/online/Lookups/AZBusiness_Lookup.aspx)

When verifying your application status should a "no records found" message appear, please try your search using the license/permit tab.

Pursuant to A.R.S. § 32-3214(C), a person may obtain additional public records related to any licensee or certificate holder, including dismissed complaints and nondisciplinary actions and orders, by contacting the Board directly. Please click here (/content/public-records-request) to submit a public records request.

AZ STATE LEGISLATURE

Arizona State Legislature
Special Session, Bills, Laws...

(http://www.azleg.gov/)

AZ OPEN BOOKS

ARIZONA OPENBOOKS
OpenBooks.az.gov

(https://openbooks.az.gov/)

OCCUPATIONAL REGULATION

Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.

Contact US (https://pharmacy.az.gov/node/45)

1616 W. Adams St.
Suite #120
Find in Google Maps (https://goo.gl/maps/t3bPksWgLcBTvKQ49)

Phone: 602-771-2727
Fax: 602-771-2749

(https://goo.gl/maps/t3bPksWgLcBTvKQ49)

STATEWIDE POLICIES (HTTP://AZ.GOV/POLICIES) SITE MAP (/SITEMAP)

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:

THE COMPOUNDING CENTER, INC.

ACC file number: 10578652

was incorporated under the laws of the State of Arizona on 12/23/2002;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation 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: **06/11/2021**

Matthew Neubert, Executive Director

The Compounding Center, Inc.
1110 E. McDowell Rd.
Phoenix, AZ 85006
Office: 877-542-9888
Fax: 877-542-4888

The Compounding Center, Inc. – Corporation Information / Organizational Chart

Corporation Name:
The Compounding Center, Inc.

Corporation Type:
S-Corporation

Address:
1110 E. McDowell Rd.
Phoenix, AZ 85006

FEIN:
46-0515400

State of Incorporation: Arizona
Date of Incorporation: 01/2003

President/Ownership Information:
Joel Gomez
Ownership: 100%
DOB: 06-23-1980
Social Security Number: [redacted]
Address:
[redacted] N 55TH St.
Phoenix, AZ 85054
Phone: [redacted]
Email: Joel@tccpharma.com

Mark I. Sedar

From: Joel Gomez <joel@tccpharma.com>
Sent: Wednesday, April 28, 2021 2:46 PM
To: Mark I. Sedar
Cc: compliance@tccpharma.com
Subject: Disclosures for our Wholesale Application - Please let me know if you receive this
Attachments: JoelGomez 2003 DUI.pdf; Mesa Municipal Records Request.pdf

Mr. Sedar,

Thank you for the call today. I would like to disclose a couple facts for the board to consider in our Wholesaler Application.

First. Why we have the name "The Compounding Center, Inc" Why we have the name because that was the original name given to our company when it started. It was originally started as the wholesale division that was operating in conjunction with a compounding pharmacy in Phoenix, AZ . It (and the pharmacy side) has since been sold twice with me as the latest owner. We have kept the name as it keeps our relationships with our vendors and some customers less complicated. I also like the story to tell people that we are a small company and have small company roots. Just know that we do not manufacturer or compound any medications. We are strictly a wholesaler.

Secondly, I'd like to disclose the information regarding the incident that comes up on my background report to you and the Nevada Board of Pharmacy. It is regarding my DUI conviction from 2003.

I received a conviction for "Driving Under the Influence" from the Mesa Municipal Court on 02/11/2003.
While this case was over 18 years ago, I still remember the lessons learned from this embarrassing mistake. It resonates even more now as my daughter is going into college next year!

Officially, there are no police reports, criminal complaints, or prison sentence release documents on file with any municipality in the state of Arizona anymore. I have attached the most recent copy of the disposition report that we have and a letter from the Mesa Municipal Court stating they no longer have this record on file.

Please let me know if you require further details regarding this incident specifically.

In regard to why this was not marked as a gross misdemeanor on the application, it was our understanding that it did not qualify as a gross misdemeanor according to Nevada Revised Statues.

(NRS), Title 15, Chapter 193.120 Classification of crimes.

1. A crime is an act or omission forbidden by law and punishable upon conviction by death, imprisonment, fine or other penal discipline.

2. Every crime which may be punished by death or by imprisonment in the state prison is a felony.

3. Every crime punishable by a fine of not more than $1,000, or by imprisonment in a county jail for not more than 6 months, is a misdemeanor.

4. Every other crime is a gross misdemeanor.

As you can see in the attached disposition report, I was solely convicted for "Driving under the influence". The jail imposed (10 days) and fine ($598) classified as a misdemeanor in #3 above.

I hope you can still approve our application with these situations in mind. Please let me know if there's any further information I can provide.

Regards,

Joel Gomez

The Compounding Center, Inc.

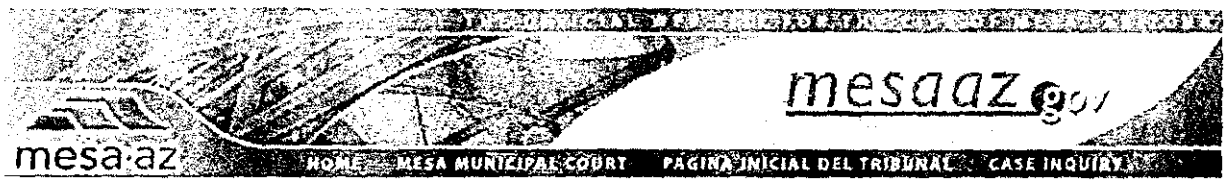
1110 E McDowell Rd

Phoenix, AZ. 85006

Office: 480-478-6450, 877-542-9888

Fax: 480-478-6459, 877-542-4888

Cell: [redacted]



Court - Disposition Report

The court is not liable for inaccurate or untimely information, for misinterpretation or misuse of the data, and disclosure of the information to a third party is done at their own risk. An official version of the case file is available at the court.

Este Tribunal no será responsable en caso de que la información obtenida contenga errores o sea dada a destiempo, sea malinterpretada o sea usada indebidamente y la revelación de esta información a terceras personas será bajo su propio riesgo. Una versión oficial del expediente del caso esta disponible en el tribunal.

Name:	GOMEZ, JOEL	Docket:	2003003079
Case Type:	Driving Under the Influence	Report Date:	5/10/2010

Violations:

Violation Code:	28-1381A1	Description:	DRIVING UNDER THE INFLUENCE
Date of Violation:	1/4/2003		
Date of Disposition:	2/11/2003	Disposition:	Pled Guilty
Violation Code:	28-1381A2	Description:	DUI BAC OVER LEGAL LIMIT
Date of Violation:	1/4/2003		
Date of Disposition:	2/11/2003	Disposition:	Dismissed
Violation Code:	28-645A3A	Description:	FAIL TO STOP AT RED LIGHT
Date of Violation:	1/4/2003		
Date of Disposition:	2/11/2003	Disposition:	Dismissed
Violation Code:	28-751.1	Description:	POSITION FOR RIGHT TURN
Date of Violation:	1/4/2003		
Date of Disposition:	2/11/2003	Disposition:	Dismissed

Sentencing Information

No future court date is scheduled

Jail Imposed:	10 days		
Fines Imposed:	$250.00	Current Balance:	$0.00
Fees Imposed:	$348.00		

Copyright 2008 City of Mesa

Mesa Municipal Court 250 E 1st Avenue Mesa, AZ 85210
(480) 644-2255 or MESAAZ.GOV/ECOURT

STATE OF ARIZONA
Plaintiff,

VS

Joel Gomez
Litigant

MESA MUNICIPAL COURT
DOES NOT HAVE RECORD
OF THE REQUESTED INFORMATION

Date: Jul 14, 2020

Litigant's Name: Joel Gomez

Litigant's Date of Birth: [redacted]

Case Number: 2003003079

Complaint Number:

Date of Hearing:

Judge:

Courtroom:

The Mesa Municipal Court received your request for records on the above referenced matter. Court staff have researched the information you have provided and are unable to locate any records.

Enclosed is the request for records you submitted.

You may contact the Records Management Center for the Mesa Municipal Court at (480) 644-3811, if you have any questions.

Court Clerk: mabraha

ID Number: 1616

Joel Gomez

[redacted]N 55TH ST
Phoenix, AZ 85054
Phone: [redacted]
Email: [redacted]

QUALIFICATIONS

Experience in all facets of operations and ownership including but not limited to: Accounting, Management (Sales and Operational), State and Federal Compliances. Often attend medical/pharmacy seminars to learn of new medical products and procedures.

EDUCATION

1998 Scholastic Diploma, Red Mountain High School (Mesa, AZ)
1998 Pharmacy Technician Certification (PTCB)
2006 Bachelor of Science, Biology, Arizona State University

EMPLOYMENT

2013 – 2021 *President, Urgent Surgery Solutions, Inc, The Compounding Center, Inc.*
Manage daily operations. Manage compliance and regulation requirements for business. Implement marketing strategies for company. Develop new employee benefit plans (pension, 401k, Health). Hire and oversee management production in all areas (warehouse, operations, sales).

2007 – 2013 *Operations Manager, The Compounding Center, Inc. (Wholesale)*
Manage daily operations including receiving, inventory, product safety practices, invoicing, and accounting. Secure new and manage accounts with vendors and clientele.

2006 – 2007 *Certified Pharmacy Technician, Costco*
Direct the flow of pharmacy. Manage and train new/current employees Spend time with customers to maintain positive relationships and address grievances. Prioritize and complete many time constraint tasks throughout the day Including data entry, prescription filling, cashier, and drug inventory.

VOLUNTEER/CHARITY WORK

2002 – 2010 Tutor, counselor, and coach. *Sunshine Acres Children's Home*
2001 – 2015 Juvenile Diabetes Research Fund Walk to Cure Diabetes
2015 – present Higley Scholarship Foundation, Sponsor

REFERENCES

The Compounding Center, Inc – Sean Shaffer, Previous Owner, [redacted]
Costco Pharmacy – Vincent Vona, Manager during employment, [redacted]

The Compounding Center, Inc.
1110 E. McDowell Rd.
Phoenix, AZ 85006
Office: 480-478-6450
Fax: 480-478-6459

March 31, 2021

Re: Submit a list containing each employee(s) who handle the drugs on a daily basis.

To Whom it may concern,

Below is a list of employees that actively handle pharmaceuticals at our location daily. All are nationally licensed by PTCB (Pharmacy Technician Certification Board) and hold active licenses with the local Arizona State Board of Pharmacy to ensure all pharmaceuticals are handled properly and kept to a high standard of compliance to ensure public safety for all.

Employee Name	License Status
Joel Gomez	Current
Julian Joel Garcia	Current
Lorin Farr	Current

Regards,

Compliance Department
The Compounding Center, Inc.
1110 E. McDowell Rd.
Phoenix, AZ 85006
P:480-478-6450

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. 0798890

Application/License No. LICENSE APPLIED FOR

THE COMPOUNDING CENTER, INC., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
1110 E. MCDOWELL ROAD, PHOENIX, AZ 85006, as
(Address of Applicant/Principal)
PRINCIPAL, and INTERNATIONAL FIDELITY INSURANCE COMPANY, a
(Surety Company)
corporation organized under the laws of the state of NEW JERSEY
(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 MARCH 31, 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 31ST day of MARCH, 2021.

APPLICANT/PRINCIPAL
THE COMPOUNDING CENTER, INC.

Authorized Representative

SURETY COMPANY
INTERNATIONAL FIDELITY 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:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0798890

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

LINDA C. SHEFFIELD, CONWAY C. MARSHALL, STEPHEN BEAHM, DAVID C. JOSEPH, JESSICA PALMERI, ROXANNE CRAVEN, ANDREA BECKER, CLARK P. FITZ-HUGH, DARLENE A. BORNT, CATHERINE C. KEHOE, KRISTINE DONOVAN, ELIZABETH W. KEARNEY

New Orleans, LA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY

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 01, 2021

A00586

Irene Martins, Assistant Secretary

Arizona State Board of Pharmacy
1616 W. Adams, Suite 120, Phoenix, AZ 85007
www.azpharmacy.gov Voice (602) 771-2727 Fax (602) 771-2749
NOTICE OF INSPECTION RIGHTS - PREMISES SUBJECT TO INSPECTION

DATE: 2/17/2021

W003083

The Compounding Center, Inc
1110 E. McDowell Rd.
Phoenix, AZ 85006

COMPLIANCE OFFICER (INSPECTOR): STEVE HAIBER

ACCOMPANIED BY: ——

Re: RCI

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) § 32-1904(A).
2. The purpose of the inspection is to determine compliance with A.R.S. Title 32, Chapter 18, A.R.S. Title 36, Chapter 27 and Arizona Administrative Code (A.A.C.) Chapter 23, Title 4.
3. Fees for the inspection are: Not Applicable X Authorized by _____ as follows: _____
4. An authorized representative of this facility may accompany the inspector(s) during the inspection of the premises except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
6. Each person interviewed during the inspection shall be informed that statements made by the person may be included in the report.
7. Each person whose conversation is tape recorded during the inspection will be informed that the conversation is being recorded.
8. If you have any questions regarding this inspection, you may contact: S. Haiber 623.217.3332
9. You have the right to appeal a final decision of the Board if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision are found in A.R.S. § 12-901 et seq..
10. If you have any questions regarding your right to appeal an enforcement action taken by the Board based on this inspection, you may contact: ~~Cheryl Frash,~~ JENNIFER KEONAUONG Deputy Director at (602) 771-2735 or the Office of Ombudsman-Citizens Aide at 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292 (email: ombuds@azoca.gov).

Upon entry onto the premises for this inspection, the Board inspector(s) identified above presented photo identification indicating that they are Board employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Board representatives may nevertheless proceed with the inspection.

Signature of Authorized Representative X [signature]

Title of Authorized Representative Operations manager

Date: 2-17-2021

ASBP C-017 08/07

Arizona State Board of Pharmacy

Full Service Drug Wholesaler Inspection Report on 02/17/2021 for The Compounding Center, Inc.

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
W003083	10/31/2021	The Compounding Center, Inc.
Address :		
1110 E. McDowell Rd.		
Zip :	City :	State :
85006	Phoenix	AZ
Phone :	Fax :	Email :
(480) 478-6450	(480) 478-6459	compliance@tccpharma.com
Inspection Date :	Manager :	DEA # :
02/17/2021	Julian Garcia	non registrant / no cs drug stocked or distributed
Inspection Reviewed With :	Reviewers License# :	Inspection Type :
Julian Garcia	T038844	Routine
Inspection Conducted By :		
Steve Haiber		

ACTIVITIES

1	Controlled Substances	○YES ◉NO
2	Prescription Drugs	◉YES ○NO
3	Nonprescription Drugs	◉YES ○NO
4	Rx Devices	○YES ◉NO
5	Precursor/Regulated Chemicals	○YES ◉NO
6	Veterinary Drugs	◉YES ○NO

PERMITS

1	Arizona posted	◉S ○N/I ○V ○N/A ARS § 32-1933(A); R4-23-605(A)
2	DEA non registrant / no cs drug distributed	○S ○N/I ○V ◉N/A ARS § 36-2522(A)(2);21 CFR 1301.35(c)

FACILITY

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Physical plant	◉S ○N/I ○V ○N/A	R4-23-605(J)(1)
2	Environmental controls HVAC	◉S ○N/I ○V ○N/A	R4-23-605(J)(1)(5)
3	Security alarm system / cox monitored	◉S ○N/I ○V ○N/A	R4-23-605(J)(2)
4	Access to drug storage areas authorized employees only	◉S ○N/I ○V ○N/A	R4-23-605(J)(3)
5	Quarantine area signage posted	◉S ○N/I ○V ○N/A	R4-23-605(J)(8)

QUALITY CONTROLS

1	Product criteria	◉S ○N/I ○V ○N/A	R4-23-601(E); R4-23-605(G)(2)(3), R4-23-605(K)(1)(a)
2	Repackaging/relabeling prohibited facility does not perform this activity	◉S ○N/I ○V ○N/A	R4-23-605(G)(2)(3); R4-23-605(K)(1)(b)
3	Storage Requirements per manufacturer labeling	◉S ○N/I ○V ○N/A	R4-23-605(J)(5), R4-23-605(K)(1)(c)
4	Temperature/humidity recording (s) remote temp/humidity sensors located thru out the facility / manual log maintained daily observations	◉S ○N/I ○V ○N/A	R4-23-605(K)(1)(d)
5	Written Procedures	◉S ○N/I ○V ○N/A	R4-23-605(K)(1)(e)

RECORDKEEPING

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Acquisition records	◉S ○N/I ○V ○N/A	R4-23-601(D); R4-23-605(G)(1)(a)
	maintained on site / paper & electronic		
2	Distribution records	◉S ○N/I ○V ○N/A	R4-23-601(D); R4-23-605(G)(1)(a)
	maintained on site / electronic		
3	Recalls	◉S ○N/I ○V ○N/A	R4-23-601(D); R4-23-605(H)(1)
	available - last reviewed Oct 2020		
4	Returns/outdates	◉S ○N/I ○V ○N/A	R4-23-601(D); R4-23-605(H); R4-23-605(I)(1)(3)
	available - last reviewed Oct 2020		
5	License/permit records	◉S ○N/I ○V ○N/A	R4-23-601(G)(2)(a); R4-23-605(G)(3)(a)
	non-resident permits posted / records maintained on site		
6	Excess purchase reports	○S ○N/I ○V ◉N/A	21 CFR 1310.05
	not required / no controls distributed		
7	DSCSA records	◉S ○N/I ○V ○N/A	HR 3204-21 USC 301 et seq
	available / maintained on site / client accessible via web		

CONTROLLED SUBSTANCES

1	Security	○S ○N/I ○V ◉N/A	21 CFR 1301.71; 21 CFR 1301.72; 21 CFR 1301.74
	facility does not distribute controls		
2	Limited access area	○S ○N/I ○V ◉N/A	21 CFR 1301.72
3	Recordkeeping	○S ○N/I ○V ◉N/A	ARS 36-2523; ARS 36-2524; R4-23-601(D); R4-23-1003; 21 CFR 1301.74; 21 CFR 1304.04; 21 CFR 1304.21; 21 CFR 1304.22
4	Inventory	○S ○N/I ○V ◉N/A	ARS 36-2523; R4-23-1003(A)(6); 21 CFR 1304.04; 21 CFR 1304.11

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DISTRIBUTION

1	Permittees/practitioners process to confirm license / permit of purchasing entity	◉S ○N/I ○V ○N/A	ARS 32-1983; R4-23-605(G)(2)(3)
2	Delivery	◉S ○N/I ○V ○N/A	ARS 32-1904(A)(4)
2	Location	◉S ○N/I ○V ○N/A	ARS 32-1983(C)
4	Pharmacy area none	○S ○N/I ○V ◉N/A	ARS 32-1983(D)
5	Account	◉S ○N/I ○V ○N/A	ARS 32-1983(E)
6	Cash and carry sales not allowed	○S ○N/I ○V ◉N/A	ARS 32-1983(C); R4-23-605(G)(4)

NOTES

Overall inspection rating: satisfactory

14E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: VGM Group, Inc.

Physical Address: 1055 Southtown Drive

City: Waterloo State: IA Zip Code: 50702

Telephone Number: (319) 274-6627 Fax Number: (845) 544-2481

Toll Free Number: (800) 969-1213

E-mail: VGM@slsny.com Website: https://www.vgmgroup.com

Facility Manager: Zachary Jordon Garrigus

Professional qualifications and experience of facility manager: Oversite of receiving, inventory, production, and returns. Developed the metrics and incentive program that is used in all fulfillment centers. Increased productivity by 25% in the production department.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Retail Pharmacy/Medical Supply Chains, Clinics or Institutions

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: Devices (For Patients), Devices (OTC), Only Devices
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Phillips Respironics
Address: 174 Tech Center Drive, Suite 100, Mount Pleasant, PA 15688

Name: ResMed
Address: 600 Riverside Parkway, Lithia Springs, GA 30122

Name: Lunella, LLC
Address: 100 Cambridge St, 14th Floor, Boston, MA 02114

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

Michael Anthony Mallaro
Print Name of Authorized Person

12/18/20
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: IA

Parent Company if any: N/A

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) Van G. Miller & Associates, Inc. Employee Stock Ownership Trust 1111 W San Marnan Drive, Waterloo, IA 50701 -100% Sole Shareholder
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. 2.5 million

3) What was the price paid per share? $17.45

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.

Mark I. Sedar

From: Zachary Garrigus <Zachary.Garrigus@vgm.com>
Sent: Tuesday, September 14, 2021 3:40 AM
To: Mark I. Sedar
Cc: Mark Kern
Subject: Nevada License
Attachments: Case OWCR165934 Zachary Garrigus.pdf

Mark,

We talked briefly last week, and you wanted me to send over any documentation that I had on my OWI. Attached is the court order. I also had a public intoxication around the same time frame, but I do not have the paperwork for that. I made some bad decisions while I was in college, and I learned from these poor decisions. I would be more than willing to talk to the board or do anything else that is needed.

Let me know if you need anything else.

Thanks,

Zach Garrigus
VP of Operations
Office: 319-874-4664
Cell: 563-920-4746
www.vgmfulfillment.com

VGM Fulfillment - Waterloo, Iowa Employee List

Rice, Cathy
Payette, Riley
Hines, Gabriel
Good, Tyler
Boose, Noah
Bauer, Isaac
Altenbaumer, Jacob
Patten, Nicholas R
Kilburg, Anna
Billerbeck, Andrew D
Wise, Mason
Willis, Alex
Webbeking, Quintin M
Trenholm, Tanner T
Swingen, Trevor
Swallow, Joseph
Sullivan, Peter J
Spratt, Samual William Patrick
Reel, Caleb Justin
Pottebaum, Joseph David
Pecenka, Peyton Ronald
Nosbisch, Joshua R
Nelson-Rice, Samuel E
Myers, Austin J
Mosser, Patrick J
Meier, Michelle
Mauer, Lake
Loeb, Kyle
Lemon, Christopher J
Lavenz, Lawrence Eugene
Latusick, Kole
Koweil, Justin J
Joblinske, Sydney M
Isaacson, Kaden Dennis
Hageman, Nicholas James
Grosse, Brayden
Graham, Jamie M
Felderman, Dylan J
Else, Dylan
Dunlay, Brent M
Derner, Kyle John
Craig, Logan
Corrigan, Matthew Patrick

Brimeyer, Jaden Thomas
Brandhorst, Victoria Rose Leigh
Block, Keegan Denim
Beganovic, Emir
Beenken, Alyssa
Bauer, Avery
Alpers, Koby W
Ackman, Mitchell L
Ackman, Carly J
Ackerman, Andrew R
Wiederin, Zebulin Mark
Stolz, Jonathan J
Schwartz, Kari J
Schell, Matthew R
Schaefer, Jacob R
Sales, Lydia C
Nielsen, Alexis M
Lopez, Xavier C
Johnson, John W
Demry, William J
Bergen, Zachary L
Baker, Cody B
Mayer, Jessica L
Johnson, Aliyah
Kohlmeyer Jr, Steven D
Dunlay, Bradley K
Cayler, Michael A
Poush, Tanner Blue
Peter, Bryce
Foster, Zachary
Caraveo, Evangelina Rose
Begic, Dragana
Cookinham, Anna E
Hines, Kelly M
Steffen, Shannon D
Schares, Reed R
Musgrave, Josh Paul
West, Jonathan L
Flater, Jerret R
Lancaster, Dillon D
O'Clair, Nicole T
Lounsberry, Andrea E
Bergen, Amy L
Adelmund, Tami M

Nyhuis, Stephen
Flaherty, Matthew H
Eiklenborg, Juanita A
Douglas, Shalini J
Alpers, Jennifer A
Kern, Mark H
Bomkamp, Brad
Ackerman, Cassidy J
Hyman, Janet L
Nugent, Amanda M
Mishler, Wendy S
Schaefer, Allie
Crisman, Matthew E
Stansbery, Breanna
Hamer, Kylea
Sharp, H Jonathan
Wilson, Dustin D
Stolz, Jeremy D
Garrigus, Zachary J
Ita, Raquel M
Meyer Jr, Roger L
Galindo, Sergio
Steffen, Renee L
Hetherton, Christopher P
Graff, Curt Jay
Hickey, Jeffery J
Hixenbaugh, Joseph C

STATE OF IOWA, COUNTY OF BLACK HAWK

State of Iowa
vs
Garrigus, Zachary Jordan
DOB: [redacted]
Defendant

[redacted] 7th Avenue
Oelwein, Ia 50662
Address

Before (Judge, Magistrate) _____
Criminal Case No. OWCR165934

(UNI) Police Case No. 09-386

COMPLAINT

The defendant is accused of the crime of OWI 1st Offense 321j.2 Iowa Code 2009, in that the defendant on the 5th day of December, 2009, at the **CITY OF CEDAR FALLS** in Black Hawk County, did knowingly operate a motor vehicle upon a public street or highway while having a blood alcohol concentration as defined in section 321j.1 of .08 or more.

FILED
2009 DEC -7 AM 8:11
CLERK OF DISTRICT COURT
BLACK HAWK COUNTY, IOWA

STATE OF IOWA
COUNTY OF BLACK HAWK, ss.

I, the undersigned, being first duly sworn and under oath, state the following facts known by me or told to me by other reliable persons form the basis for my belief that Garrigus, Zachary Jordan, the defendant committed the crime charge: On the early morning hours at around 0245 hrs I noticed a vehicle driving up to the Baker Hall lot on the University of Northern Iowa campus. I went into the area and located the vehicle which was pulling out of the loading dock at the Business building. I noticed that the all the vehicle's windows were frosted over. I proceeded to stop the vehicle and advised him the reason. Defendant agreed that his windows were frosted over. As I was talking with the Defendant I could smell a strong odor of alcohol coming from the Defendant and his eyes were bloodshot and watery. Defendant was asked to perform field soberity tests which Defendant failed. Defendant was offered a breathtest on the PBT which indicated a B.A.C over .08. Defendant was placed under arrest and transported to UNI PD. Defendant was read Implied Consent Advisory and consented to a breath test on the datamaster which indicated a B.A.C of .185. Defendant advised multiple times that he didn't want to make any calls. Defendant was transported to BHC jail and released to jail staff.

Signature D Jaeger

Subscribed and sworn to before me by the said D Jaeger this 5th day of December, 2009.

NOTARIAL SEAL IOWA
JAMES B. DALLY
COMMISSION NO. 740362
MY COMMISSION EXPIRES 4/26/12

J B Dally
Notary Public in and for the State of Iowa

Complaint and Affidavit filed and probable cause found that the offense has been committed and that DEFENDANT committed it.

[X] Original [] Case Copy
[] Defendant [] County Attorney

_____
Magistrate

IN THE IOWA DISTRICT COURT OF IOWA, IN AND FOR BLACK HAWK COUNTY

STATE OF IOWA

vs.

ZACHARY JORDAN GARRIGUS
PIN# BL1533005

CRIMINAL NO.OWCR165934

TRIAL INFORMATION
UNI09-386

COMES NOW Jeremy Westendorf, as Prosecuting Attorney for Black Hawk County, Iowa and in the name and by the authority of the State of Iowa accuses ZACHARY JORDAN GARRIGUS of: Operating While Intoxicated - First Offense in violation of Section(s) §321J.2 - Serious Misdemeanor

The said ZACHARY JORDAN GARRIGUS on or about the 5TJH day of DECEMBER, 2009, in Black Hawk County, Iowa did:

Operate a motor vehicle while under the influence of an alcoholic beverage, or other drug, or a combination of such substances, or while having eight hundredths (.08) or more alcohol concentration; Contrary to and in violation of section 321J.2 Of the Iowa Criminal Code.

2009 DEC 13 PM 4:03

A TRUE INFORMATION

Jeremy Westendorf
AT0008412

APPROVAL

This information and the Minutes of Evidence accompanying it have been examined by me and found to contain sufficient evidence, if unexplained, to warrant a conviction by a trial jury; the filing of this Information is approved by me on ~~December 30, 2009~~ 1/13/10.

____ Defendant is released on personal recognizance.
____ Defendant is released under supervision of Department of Correctional Services, Pretrial Release.
____ Bond is set in the amount of $_____.
___ Bond may be unsecured.
___ Bond must be cash or secured in the full amount.
X ___ 10% cash may be posted.
____ Bond previously set shall continue.
____ Clerk of Court shall issue a summons for Defendant to appear.
____ Clerk of Court shall issue an arrest warrant.

JUDGE

LIST OF WITNESSES: See attached minutes of testimony.

IN THE IOWA DISTRICT COURT IN AND FOR BLACK HAWK COUNTY

STATE OF IOWA,	)	
	)	Case No.: OWCR165934
Plaintiff,	)	
	)	WRITTEN GUILTY PLEA
vs.	)	
	)	
ZACHARY JORDAN GARRIGUS,	)	
	)	
Defendant.	)	

Defendant states:

1. I am represented by my attorney, Richard J. Buffington, of Buffington Law Offices, P.C. at 903 North Frederick Avenue, Oelwein, Iowa 50662.

2. I am pleading guilty to the criminal offense of Operating While Intoxicated, a Serious Misdemeanor in violation of Section 321J.2 of the Code of Iowa, as amended.

3. I admit that on or about December 5, 2009, in the County of Black Hawk, State of Iowa, I did unlawfully operate a motor vehicle while under the influence of alcohol, drugs, or a combination thereof, while having eight hundredths or more grams of alcohol per two hundred ten liters of breath. The Court may rely on the minutes of testimony attached to the trial information for a factual basis for this plea of guilty.

4. I understand that the maximum punishment to which I can be sentenced is a fine of at least $625.00.00, but not to exceed $1,250.00 and an indeterminate term of up to one (1) year in a county jail facility.

5. I have received and read a copy of the trial information charging me with these offenses, understand the nature of the charge(s) against me, and state that I am correctly named.

6. I understand that if I maintain a plea of not guilty, I would be entitled to the following rights: (a) a speedy and public trial by jury; (b) a verdict of guilty would have to be

unanimous; (c) I have a right to be represented by an attorney, and counsel would be provided at public expense if I was unable to afford counsel; (d) if I plead not guilty, I have a privilege against self-incrimination, and I could not be required to testify at trial; (e) at trial, the state would have to confront me with witnesses upon whose testimony it relied to obtain conviction, and I would have the right to cross-examine those witnesses; (f) at trial, I would be presumed innocent until such time, if ever, as the state established my guilty beyond a reasonable doubt with competent evidence; (g) at trial, I could use the power of the court to compel witnesses to appear and testify in my behalf; (h) at trial, if I did not take the witness stand, no interference of guilt could be drawn from my action, and the prosecutor could not comment to the jury on my not testifying; (i) if I proceed with a plea of guilty, I have waived all of these rights with the exception of my right to counsel at these or any later proceedings, and I would not have a trial.

7. I plead guilty voluntarily and with full understanding and knowledge of my rights. I specifically waive my right against self-incrimination for purposes of this plea. There have been no threats or promises made for the purpose of inducing me to enter a plea of guilty.

8. I understand the court may not accept a guilty plea without first determining that my plea is made voluntarily and intelligently and has a factual basis.

9. I understand that Iowa Rule of Criminal Procedure 2.8(2)(b) provides:

> The court may refuse to accept a plea of guilty and shall not accept a plea of guilty without first determining that the plea is made voluntarily and intelligently and has a factual basis.
> Before accepting a plea of guilty, the court must address the defendant personally in open court and inform the defendant of and determine that the defendant understands the following:
>
> (1) The nature of the charge to which the plea is offered;
>
> (2) The mandatory minimum punishment, if any, and the maximum possible punishment provided by the statute defining the offense to which the plea is offered;

(3) That a criminal conviction, deferred judgment, or deferred sentence may affect a Defendant's status under Federal Immigration Laws.

(4) That the defendant has the right to be tried by a jury, and at trial, has the right to assistance of counsel, the right to confront and cross-examine witnesses against the defendant, the right not to be compelled to incriminate oneself, and the right to present witnesses in the defendant's own behalf and to have compulsory process in securing their attendance.

(5) That if the defendant pleads guilty, there will not be a further trial of any kind so that by pleading guilty the defendant waives the right to a trial.

10. I also understand that the court may, in its discretion and with my approval, waive the procedure set out in Rule 2.8 in a plea of guilty to a Serious or Aggravated Misdemeanor.

11. I hereby approve of the court's waiving that procedure.

12. **I understand that upon my plea of guilty, the Assistant Black Hawk County Attorney will recommend the following sentence: The Defendant shall receive a ninety (90) day jail sentence with all but four (4) days suspended. The Defendant may serve the aforementioned jail sentence in the Fayette County Jail and shall have sixty (60) days to serve the sentence and may serve the sentence on weekends in forty-eight (48) hour increments. The Defendant shall receive a fine in the amount of $1,250.00 plus all applicable surcharges, DARE fees and court costs. The Defendant shall complete a course for Drinking Drivers and file proof of same with the Court within sixty (60) days. The Defendant may satisfy two (2) days of the jail sentence by completing the Hawkeye Program. The Defendant would request that this matter be set for a Sentencing Hearing at a later date to be set by the Court.**

13. I understand that if this plea agreement is not conditioned upon the court's concurrence, the judge has the sole discretion in sentencing. However, if this plea agreement is conditioned upon the court's concurrence and the judge does not accept the agreement, the judge will allow me to withdraw this guilty plea.

14. This plea agreement is not conditioned on the court's concurrence.

15. I further understand that if I wish to challenge this guilty plea, I must file a motion in arrest of judgment no later than forty-five days after entry of my plea and also at least five days before the date set for sentencing, and that failure to do so file such challenges shall preclude the right to assert them on appeal. I also understand I have a right to a 15-day delay before being sentenced. I waive these rights and request that judgment and sentence be pronounced upon receipt of this plea.

16. I waive my right to be personally present in court for plea proceedings under Iowa Rule of Criminal Procedure 2.23 and my right to be present at sentencing. I waive my right to personally address the Court for purposes of allocution.

Dated this 16th day of March 2010.

Zachary Jordan Garrigus
Defendant

Richard J. Buffington
Counsel for Defendant

Copy to:

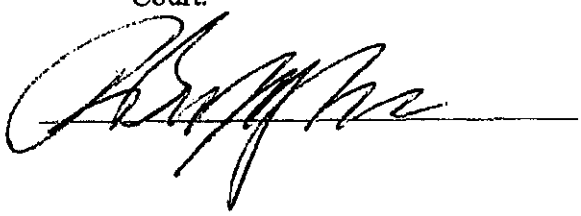
Jeremy L. Westendorf, Assistant Black Hawk County Attorney

Zachary Jordan Garrigus, Defendant

CERTIFICATE OF SERVICE

The undersigned certifies that on the 18 day of March 2010, she served the attached document on the persons and at the addresses listed below by depositing a copy of the same by

☐ Delivering
☐ Mailing
☑ Transmitting by fax
☐ By leaving it with the Clerk of Court a copy to the attorney or party at the attorney's or party's last known address, or if no address is known, by leaving it with the Clerk of Court.



IN THE IOWA DISTRICT COURT IN AND FOR BLACK HAWK COUNTY

STATE OF IOWA,

Plaintiff,

vs.

ZACHARY JORDAN GARRIGUS,

Defendant.

Case No.: OWCR165934

AMENDED WRITTEN GUILTY PLEA

FILED
2010 JUN -2 PM 1:46
CLERK OF DISTRICT COURT
BLACK HAWK COUNTY, IOWA

Defendant states:

1. I am represented by my attorney, Richard J. Buffington, of Buffington Law Offices, P.C. at 903 North Frederick Avenue, Oelwein, Iowa 50662.

2. I am pleading guilty to the criminal offense of Operating While Intoxicated, a Serious Misdemeanor in violation of Section 321J.2 of the Code of Iowa, as amended.

3. I admit that on or about December 5, 2009, in the County of Black Hawk, State of Iowa, I did unlawfully operate a motor vehicle while under the influence of alcohol, drugs, or a combination thereof, while having eight hundredths or more grams of alcohol per two hundred ten liters of breath. The Court may rely on the minutes of testimony attached to the trial information for a factual basis for this plea of guilty.

4. I understand that the maximum punishment to which I can be sentenced is a fine of at least $625.00.00, but not to exceed $1,250.00 and an indeterminate term of up to one (1) year in a county jail facility.

5. I have received and read a copy of the trial information charging me with these offenses, understand the nature of the charge(s) against me, and state that I am correctly named.

6. I understand that if I maintain a plea of not guilty, I would be entitled to the following rights: (a) a speedy and public trial by jury; (b) a verdict of guilty would have to be

unanimous; (c) I have a right to be represented by an attorney, and counsel would be provided at public expense if I was unable to afford counsel; (d) if I plead not guilty, I have a privilege against self-incrimination, and I could not be required to testify at trial; (e) at trial, the state would have to confront me with witnesses upon whose testimony it relied to obtain conviction, and I would have the right to cross-examine those witnesses; (f) at trial, I would be presumed innocent until such time, if ever, as the state established my guilty beyond a reasonable doubt with competent evidence; (g) at trial, I could use the power of the court to compel witnesses to appear and testify in my behalf; (h) at trial, if I did not take the witness stand, no interference of guilt could be drawn from my action, and the prosecutor could not comment to the jury on my not testifying; (i) if I proceed with a plea of guilty, I have waived all of these rights with the exception of my right to counsel at these or any later proceedings, and I would not have a trial.

7. I plead guilty voluntarily and with full understanding and knowledge of my rights. I specifically waive my right against self-incrimination for purposes of this plea. There have been no threats or promises made for the purpose of inducing me to enter a plea of guilty.

8. I understand the court may not accept a guilty plea without first determining that my plea is made voluntarily and intelligently and has a factual basis.

9. I understand that Iowa Rule of Criminal Procedure 2.8(2)(b) provides:

> The court may refuse to accept a plea of guilty and shall not accept a plea of guilty without first determining that the plea is made voluntarily and intelligently and has a factual basis.
> Before accepting a plea of guilty, the court must address the defendant personally in open court and inform the defendant of and determine that the defendant understands the following:
>
> (1) The nature of the charge to which the plea is offered;
>
> (2) The mandatory minimum punishment, if any, and the maximum possible punishment provided by the statute defining the offense to which the plea is offered;

(3) That a criminal conviction, deferred judgment, or deferred sentence may affect a Defendant's status under Federal Immigration Laws.

(4) That the defendant has the right to be tried by a jury, and at trial, has the right to assistance of counsel, the right to confront and cross-examine witnesses against the defendant, the right not to be compelled to incriminate oneself, and the right to present witnesses in the defendant's own behalf and to have compulsory process in securing their attendance.

(5) That if the defendant pleads guilty, there will not be a further trial of any kind so that by pleading guilty the defendant waives the right to a trial.

10. I also understand that the court may, in its discretion and with my approval, waive the procedure set out in Rule 2.8 in a plea of guilty to a Serious or Aggravated Misdemeanor.

11. I hereby approve of the court's waiving that procedure.

12. I understand that upon my plea of guilty, the Assistant Black Hawk County Attorney will recommend the following sentence: The Defendant shall receive a sixty (60) day jail sentence with all but four (4) days suspended and credit for time served. The aforementioned jail sentence may be served at the Fayette County Jail on weekends in forty-eight (48) hour increments and must be completed within ninety (90) days from the date of the Sentencing Order. The Defendant shall receive a fine in the amount of $625.00 plus all applicable costs and surcharges. The Defendant shall be placed on Self-Probation for a period of up to one (1) year with no further law violations. As additional terms of the aforementioned probation, the Defendant shall comply with all recommendations contained within the Substance Abuse Evaluation previously filed with the Court as well as successfully complete the Drinking Drivers Course and file certification with the Court within ninety (90) days from the date of the Sentencing Order.

JLW

13. I understand that if this plea agreement is not conditioned upon the court's concurrence, the judge has the sole discretion in sentencing. However, if this plea agreement is conditioned upon the court's concurrence and the judge does not accept the agreement, the judge

will allow me to withdraw this guilty plea.

14. This plea agreement is **not conditioned on the court's concurrence.**

15. I further understand that if I wish to challenge this guilty plea, I must file a motion in arrest of judgment no later than forty-five days after entry of my plea and also at least five days before the date set for sentencing, and that failure to do so file such challenges shall preclude the right to assert them on appeal. I also understand I have a right to a 15-day delay before being sentenced. I waive these rights and request that judgment and sentence be pronounced upon receipt of this plea.

16. I waive my right to be personally present in court for plea proceedings under Iowa Rule of Criminal Procedure 2.23 and my right to be present at sentencing. I waive my right to personally address the Court for purposes of allocution.

Dated this 2nd day of June, 2010.

Zachary Jordan Garrigus
Defendant

Richard J. Buffington
Counsel for Defendant

Copy to:

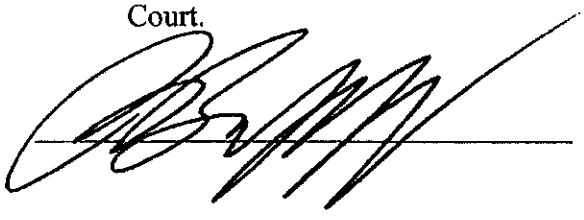
Jeremy L. Westendorf, Assistant Black Hawk County Attorney

Zachary Jordan Garrigus, Defendant

CERTIFICATE OF SERVICE

The undersigned certifies that on the 2nd day of June 2010, she served the attached document on the persons and at the addresses listed below by depositing a copy of the same by

- ☑ Delivering
- ☐ Mailing
- ☐ Transmitting by fax
- ☐ By leaving it with the Clerk of Court a copy to the attorney or party at the attorney's or party's last known address, or if no address is known, by leaving it with the Clerk of Court.



IN THE IOWA DISTRICT COURT IN AND FOR BLACK HAWK COUNTY

FILED

2010 JUN -7 AM 11:48

CLERK OF DISTRICT COURT
BLACK HAWK COUNTY, IOWA

STATE OF IOWA,

Plaintiff,

vs.

Zachary Jordan Carrigus

Defendant.

Case No. AWCR165434
12-5-09

JUDGMENT AND SENTENCE
OPERATING WHILE INTOXICATED,
FIRST OFFENSE

Distributed To:
Co Atty V
DCS/Res Fac ✓
PDO/Deft Atty R Buffington
Sheriff/Jail ✓
AUD/FIN/Victim
DOT/Comm/BEP ✓
Defendant
Date Distributed:

APPEARANCES: C. McCluskey for the State.

R. Buffington for the Defendant.

The defendant appeared in court with his/her attorney for purposes of sentencing. The defendant ~~[had previously]~~ entered a [written] plea of guilty to the offense of Operating While Intoxicated, First Offense, contrary to Section 321J.2 of the Iowa Code. The Court finds that the plea was freely, voluntarily and intelligently made and that there was a factual basis for the plea. Pursuant to Section 321J.2 of the Iowa Code,

IT IS THE JUDGMENT AND SENTENCE OF THE COURT AS FOLLOWS:

1. That the defendant is adjudged guilty of the offense of Operating While Intoxicated, First Offense, contrary to Section 321J.2 of the Iowa Code.

2. That the defendant is fined in the amount of $1,250.00, plus surcharge of $437.50 DARE fee of $10, plus court costs of $140.00. Said totals shall be paid [ ]immediately [ ] per DCS [ ] in installments of $_____ per month starting _____. The defendant is advised of his/her duty to timely pay fine, surcharges and court costs. Half of the fine and applicable surcharge shall be waived when the defendant presents to the clerk of court a temporary restricted license issued pursuant to Section 321J.20 and a copy of a certification of installation of an ignition interlock device if required by the DOT. (Filed)

[ ] That in lieu of the fine and surcharge, the defendant may perform community service in accordance with the applicable minimum wage rate. The defendant shall file a report showing compliance with the community service requirement prior to _____.

3. That the defendant shall be incarcerated in the Black Hawk County Jail for a period of 60 days. The defendant is credited with any time previously served.

[✓] ( ) All days are suspended. (✓) All but 4 day(s) of said sentence is/are suspended. The unsuspended time shall be served by 4-10-10. The defendant is placed on (✓) self ( ) supervised probation for a period of one year(s). If supervised, probation is subject to the terms of probation approved by the judges of the First Judicial District and any conditions set by DCS. May be served in 48 hr increments at Fayette County Jail.

[____] The defendant shall participate in:
(___) appropriate program planning.
(___) work release.

[____] The defendant shall attend and successfully complete the Hawkeye Community College two-day OWI program. Successful completion of the OWI program will satisfy the two-day jail requirement and the requirement of completion of a course for drinking drivers.

4. If defendant was represented by court-appointed counsel, the defendant must pay restitution for attorney fees pursuant to Section 815.9 for any costs incurred, and judgment is ordered for the same. The defendant shall also pay any applicable victim restitution.

5. That the defendant shall attend a course for drinking drivers and file proof of compliance prior to 9-1-10.

6. That the defendant shall comply with any recommendations that resulted from his/her substance abuse evaluation.

7. That as a special condition of the defendant's probation, the defendant shall not engage in any further illegal activity and shall pay his/her fine, surcharge, court costs and restitution in accordance with this sentencing order. A failure to comply with either of these special conditions could result in the issuance of a warrant for the defendant's arrest and a revocation of the defendant's probation.

8. Other sentence: _____

_____

9. Reasons for sentence: [✓] Nature of offense [✓] Plea agreement [✓] Age [✓] Prior record [____] Employment [____] Family circumstances

10. [✓] Formal reporting waived by the parties.

That judgment and sentence shall be rendered against the defendant as above provided. The defendant was advised of his/her right to appeal to the Iowa Supreme Court. Bond on appeal is set in the amount of $2,000 cash or corporate surety. The defendant's bond and any sureties thereon shall be immediately released.

Dated this 4th day of June, 2010.

JOSEPH MOOTHART
DISTRICT ASSOCIATE JUDGE

Copies to: Counsel of Record
[___] Department of Correctional Services
[___] Residential Facility
[✓] Sheriff
Department of Transportation
Defendant at: _____
(If pro se)

_____ Phone no. _____

FILED

IN THE IOWA DISTRICT COURT FOR FAYETTE COUNTY

Sheriff, Fayette County, Iowa
Plaintiff

2010 AUG 26 AM 9:55
CLERK OF DISTRICT COURT
BLACK HAWK COUNTY, IOWA

Case # (s) OWCR165934

VS

Zacary Garrigus
Defendant

SATISFACTION OF ROOM AND BOARD REIMBURSEMENT LIEN

COMES NOW the claim holder in the above captioned cause and herewith acknowledges full and complete payment of the claim entered, pursuant to Iowa Code 356.7 and 910.1(4) in his favor and hereby satisfies said claim of record.

Dated this 20th day of August , 2010

Marty Fisher, Fayette County Sheriff
BY: Marty Fisher

ACKNOWLEDGEMENT

STATE OF IOWA

COUNTY OF FAYETTE

On this 20th day of August , 2010 , before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Martin Fisher, to me known to be the identical person named in and who executed the foregoing instrument and acknowledge that he/she executed the same his/her voluntary act and deed.

KATRINA SCHMITT
Commission Number 743101
My Commission Expires
9-18-12

Katrina Schmitt
Notary Public in and for Fayette County, Iowa

Home	Sec Lvl: 0			Related Cases	User ID: KNIEDERMANN	County: BLACK HAWK	Financial	12/31/2019 02:00 PM	Documents
Applications	OWCR165934: ST VS GARRIGUS, ZACHARY JORDAN								Courts Online
									Logoff

I - Financial Index Go!

( ) (G)eneral/Civil ( ) C(r)iminal (•) (F)ull

(L)ast / Firm: First: Middle:

(O)bligor: Obligee: Payor: Payee:

(C)ase ID: 01-07-1 OWCR165934 ST VS GARRIGUS, ZACHARY JORDAN

Citation#: Short

[ ] History [ ] Show Addresses [ ] Show Related People Status: All

(S)earch

Case ID	Sec. Level	Flags?	Amount Setup	Amount Paid	Amount Due	Due Date			Collections?
GARRIGUS, ZACHARY JORDAN		**DOB:** [redacted]		**PIN:** BL1533005		**P A**	**Paid:**	**$953.75**	
		SSN: [redacted]		**DL#:** [redacted]			**Due:**	$0.00	
01071 OWCR165934	0		$953.75	$953.75	$0.00		Accounting	Summary	

Page: 1

Recent: BL1033622 || 01071 FECR228037 || 01071 SWCR019963 || 01071 IFIF003935 Last Search...

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I, Clerk of the District Court in and for Black Hawk County, Iowa, do hereby certify that the foregoing is a true, correct and complete copy of the instrument herewith set out as appears of record in the Office of the Clerk of the District Court in and for Black Hawk County, Iowa this 31st day of December, 2019.

BLACKHAWK COUNTY
CLERK OF DISTRICT COURT
By: Karla Kniedermann Deputy

VGM Group, Inc.

Corporate Address: 1111 W. San Marnan Drive, Waterloo, IA 50701 USA
FEIN: 42-1280573
https://www.vgmgroup.com

Drug Labeler Code: N/A
Incorporation State: IA
Incorporation Date: 09/04/1986

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
WIA	1055 Southtown Drive Waterloo, IA 50702 County: Black Hawk	N/A	N/A - No CS	117017662	No	(319) 274-6627	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Zachary Jordon Garrigus	[redacted]W. San Marnan Drive Waterloo, IA 50701	Director of Operations	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Van G. Miller & Associates, Inc. Employee Stock Ownership Trust	1111 W San Marnan Drive Waterloo, IA 50701	N/A	100	N/A	71-0999644	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Michael Anthony Mallaro	[redacted]Carriage Lane Cedar Falls, IA 50613	Chief Executive Officer	No	[redacted]		
James Edward Walsh Jr.	[redacted]Oak Park Blvd Cedar Falls, IA 50613	Chairman of The Board, General Counsel and Secretary	No			
James Robert Nygren	[redacted]River Ridge Road Cedar Falls, IA 50613	CFO & Treasurer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			
CSC			

Company Physicians
Long

Nevada Bond.

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. LICX1193293

Application/License No. _____

VGM Group, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1055 Southtown Dr Waterloo, IA 50702 (Address of Applicant/Principal), as PRINCIPAL, and Lexon Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 12890 Lebanon Rd Mt. Juliet, TN 37122 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 13, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 13 day of November, 20 20.

APPLICANT/PRINCIPAL

_____
Authorized Representative

SURETY COMPANY

_____
Surety Company's Representative

Michael Tanguay, 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

SOMPO INTERNATIONAL
INSURANCE

11354

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars ($10,000,000.00).**

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

Endurance Assurance Corporation
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Endurance American Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Lexon Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Bond Safeguard Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public - My Commission Expires 5/9/23

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   ; and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 13th day of November, 2020.

By:
Daniel S. Lane, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website – https://www.treasury.gov/resource-center/sanctions/SDN-List.

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com
Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

COPY

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. LICX1193293

Application/License No. _____

VGM Group, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1055 Southtown Dr Waterloo, IA 50702 (Address of Applicant/Principal), as PRINCIPAL, and Lexon Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 12890 Lebanon Rd Mt. Juliet, TN 37122 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 13, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

COPY

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 13 day of November, 20 20.

APPLICANT/PRINCIPAL

_____
Authorized Representative

SURETY COMPANY

_____
Surety Company's Representative

Michael Tanguay, 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

SOMPO INTERNATIONAL
INSURANCE

11354

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars ($10,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate"

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019

Endurance Assurance Corporation	Endurance American Insurance Company	Lexon Insurance Company	Bond Safeguard Insurance Company
By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel

SEAL 2002 DELAWARE

SEAL 1996 DELAWARE

SEAL STATE OF TEXAS

SOUTH DAKOTA

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they is/are officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public - My Commission Expires 5/9/23

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   ; and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 13th day of November 20 20

By: Daniel S. Lone, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

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In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 4/6/2021

Name: VGM GROUP, INC. (490 DP - 110492)
Date of Incorporation: 9/4/1986
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS217865**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

Certificate of Good Standing from Formation State

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 10/20/2020

Name: VGM GROUP, INC. (490 DP - 110492)
Date of Incorporation: 9/4/1986
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS205843**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate

Paul D. Pate, Iowa Secretary of State

Resume

Zachary Garrigus

[redacted]
[redacted]

Education

University of Northern Iowa, Cedar Falls, IA — Bachelors of Arts awarded in December 2015

- Major: Political Science
- Minor: Politics and Law

Work Experience

Director of Operations (ALO), VGM Fulfillment — May 2019 – Present

- Oversite of receiving, inventory, production, and returns
- Developed the metrics and incentive program that is used in all fulfillment centers
- Increased productivity by 25% in the production department
- Standardized processes between all fulfillment centers

Training and Development, VGM Fulfillment — February 2016 – May 2019

- Part of the team that implemented Microsoft Dynamics AX
- Set processes and standards for all departments in the building
- Published most of the standard operation procedures

Operations Clerical, Target Distribution Center — September 2015 – February 2016

- Responsible for all the bill of ladings that enter the distribution center
- Communicate with all carriers to ensure appropriate unload times
- Developed an excel macro that helps track late vendors, which is now used pyramid wide

Operations Technician, Target Distribution Center — August 2014 – September 2015

- Monitored and maintained the automated systems to ensure deliveries were on time
- Effectively communicate to the appropriate parties, if we had automation issues
- Established an excel tool that tracks productivity in the manual department

Outbound Team Member, Target Distribution Center — September 2013 – August 2014

- Traveled to Rialto, CA to help train in a new distribution center

Subway, Cedar Falls, IA — May 2009 – August 2012

Fareway Grocery Store, Oelwein, IA — August 2004 – May 2008

Skills

- VBA programming
- MySQL knowledge
- Exceptional knowledge of Microsoft Excel

Awards and Certificates

- Bob Pike Train the Trainer Certificate – 2017
- ATD Training Certificate – 2018
- VGM Employee of the Year - 2018

Volunteer Involvement

Junior Achievement — November 2018

- Kittrell Elementary – 2nd Grade

Iowa Board of Pharmacy

400 S.W. Eighth Street, Suite E
Des Moines, IA 50309-4688
(P): (515) 281-5944 (F): (515) 281-4609
Website: https://pharmacy.iowa.gov

CERTIFICATION OF IOWA LIMITED DISTRIBUTOR FOR THE BUSINESS LISTED BELOW:

This is a primary source verification.

Name :	VGM Group Inc
License No :	41221
License/Registration Type :	Limited Distributor
Sub Type :	Other
Date Issued :	03/25/2020
Expiration Date :	12/31/2021
Status :	Current/Active
Last Renewal Date :	12/08/2020
City :	Waterloo
State :	IA
Certification Expiration :	01/01/0001
Address :	1055 Southtown Drive Waterloo IA 50702
Disciplinary Action :	No
Facility Manager :	Zachary Jordon Garrigus

Andrew Funk, Pharm.D. , Executive Director, Iowa Board of Pharmacy. **Date:** 01/06/2021

Home State License

IOWA BOARD OF PHARMACY
400 S.W. EIGHTH STREET, SUITE E
DES MOINES, IA 50309-4688
515/281-5944 FAX 515/281-4609
https://pharmacy.iowa.gov

2021

Limited Distributor License No. 41221

Other

ISSUED 12/08/2020

EXPIRES 12/31/2021

LICENSE STATUS: Current/Active

MAILING ADDRESS
VGM Group Inc
c/o State License Servicing
1751 State Route 17A
Suite 3
Florida,NY 10921

LICENSED LOCATION
VGM Group Inc
1055 Southtown Drive
Waterloo, IA 50702

Facility Manager: Zachary Jordon Garrigus

Iowa Board of Pharmacy

400 S.W. Eighth Street, Suite E
Des Moines, IA 50309-4688
(P): (515) 281-5944 (F): (515) 281-4609
Website: https://pharmacy.iowa.gov

CERTIFICATION OF IOWA 3PL REGISTRATION FOR THE BUSINESS LISTED BELOW:

This is a primary source verification.

Name :	VGM Group Inc
License No :	80103
License/Registration Type :	3PL
Sub Type :	3PL
Date Issued :	02/25/2020
Expiration Date :	03/31/2021
Status :	Current/Active
Last Renewal Date :	02/25/2020
City :	Waterloo
State :	IA
Certification Expiration :	01/01/0001
Address :	1055 Southtown Drive Waterloo IA 50702
Disciplinary Action :	No
Facility Manager :	Zachary Jordan Garrigus

Andrew Funk, Pharm.D. , Executive Director, Iowa Board of Pharmacy. **Date:** 11/30/2020

Home State 3PL - License

IOWA BOARD OF PHARMACY
400 S.W. EIGHTH STREET, SUITE E
DES MOINES, IA 50309-4688
515/281-5944 FAX 515/281-4609
https://pharmacy.iowa.gov

2019

Third-Party Logistics Provider License No. 80103

ISSUED 02/25/2020

EXPIRES 03/31/2021

LICENSE STATUS: Current/Active

MAILING ADDRESS
VGM Group Inc
1055 Southtown Drive
Waterloo, IA 50702

LICENSED LOCATION
VGM Group Inc
1055 Southtown Drive
Waterloo, IA 50702

Facility Manager: Zachary Jordan Garrigus

STATE LICENSE SERVICING

RECEIVED
JAN 26 2021
NEVADA STATE BOARD OF PHARMACY

STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

January 21, 2021

To:

Re: **Notice of Civil Penalty**

VGM Group, Inc.

License/Permit No.: pending

Dear Licensing Authority:

State License Servicing, Inc. represents VGM Group, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of a civil penalty for the above-referenced licensee.

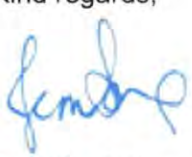
VGM Group, Inc. received a consent order from the Tennessee Board of Pharmacy imposing a civil penalty in the amount of one thousand two hundred dollars ($1,200.00). This civil penalty is a result of operating as a Third Party Logistics Provider in the state of Tennessee without holding a valid license. VGM Group, Inc. has submitted payment of the civil penalty

The final consent order was signed by the Tennessee Board of Pharmacy on December 2, 2020 and was mailed shortly after. United States Postal Service tracking shows that it was delivered on December 9, 2020, however VGM Group, Inc. has no record of receiving the document. On January 12, 2021, VGM Group, Inc. emailed the attorney for the Tennessee Board of Pharmacy regarding the consent order, which was then emailed directly to VGM Group, Inc. that same day.

Attached please find copies of the Consent Order regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,



Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
VGM@slsny.com

99/1-1200

BEFORE THE TENNESSEE BOARD OF PHARMACY

IN THE MATTER OF:	)	C. penalty
	)	
VGM GROUP, INC (LICENSE # 5783)	)	**Case Number 201905211**
3046 DICKERSON PIKE	)	
NASHVILLE, TENNESSEE 37207	)	SEP 18 2020
	)	

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health ("State"), by and through the Office of General Counsel, and VGM Group, Inc, located in Nashville, Tennessee ("VGM" or "Respondent"), and respectfully moves the Tennessee Board of Pharmacy ("Board") for approval of this Consent Order regarding Respondent's license to practice as a third-party logistic provider ("3PL") in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, 3PLs, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act ("Practice Act"), Tennessee Code Annotated Section ("TENN. CODE ANN. §") 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee ("TENN. COMP. R. & REGS."), 1140-01-.01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Allegations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a 3PL in the State of Tennessee, having been granted license number 5783 on October 29, 2019, which currently expires on October 31, 2021.

2. At all times pertinent hereto, Respondent was located in Nashville, Tennessee.

3. In September of 2018, VGM began operations as a 3PL at 3046 Dickerson Pike, Nashville, Tennessee 37207. VGM applied for a 3PL license (with the Board) in September of 2019. VGM operated in this State without a proper 3PL license for a period of 12 months.

III. Stipulated Grounds for Discipline

4. The Board has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of the Practice Act and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-08-.01 [CIVIL PENALTIES].

5. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS., 1140-01-.01, *et seq.*, for which disciplinary action by the Board is authorized.

6. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. CODE ANN. § 63-10-305(8), the relevant portion of which reads as follows:

   Failed to comply with a... duly promulgated rule of the board.

7. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. COMP. R. & REGS., 1140-16-.02(1), the relevant portions of which provides as follows:

   Before any 3PL provides or coordinates warehousing or other logistics services within this state for a prescription drug and/or prescription device on behalf of a manufacturer, wholesale distributor, or dispenser the 3PL shall be licensed by the Board in accordance with this Chapter whether physically located within this state or outside this state. Where operations are conducted at more than one location, each such location shall be licensed by the Board. A warehouse

provided by a 3PL shall be inspected by the Board's inspector(s) or inspectors of the state where the warehouse is physically located prior to providing services.

IV. Stipulated Disposition

8. **NOW THEREFORE,** Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:

(a) Respondent agrees to pay a civil penalty in the amount of **one thousand two hundred dollars ($1,200).** This civil penalty represents $100 for each month VGM operated as a 3PL in this State without a valid license This civil penalty is due immediately upon the execution of this Consent Order. Payment shall be made by **certified check, cashier's check, or money order**, payable to the **State of Tennessee, Department of Health.** Any and all payments shall be forwarded to the **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Nashville, Tennessee 37243.** A notation shall be placed on said money order or such check that it is payable for the Assessment of Costs of VGM, case number 201905211.

9. Respondent understands the ratification of this Consent Order is a formal disciplinary action and may be reported to the National Practitioner Data Bank (N.P.D.B.) and/or similar agency. Respondent further understands that failure to comply with the terms of this Consent Order shall constitute grounds for disciplinary action.

V. Notice

10. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Consent Order not be ratified. Likewise, all matters, admissions

and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue this Consent Order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.

12. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.

13. Furthermore, Respondent acknowledges that it understands the rights found in the Practice Act and the Uniform Administrative Procedures Act, Tenn. Code Ann. §§ 4-5-101 thru 4-5-404, including the right to a hearing on the Petition, the right to appear personally and by legal counsel, the right to confront and to cross-examine witnesses who would testify against Respondent, the right to testify and to present evidence on Respondent's own behalf, as well as the right to appeal for judicial review.

14. Respondent freely, voluntarily, knowingly, and intelligently waives each and every right set forth in paragraph thirteen, above.

15. Respondent understands and freely, voluntarily, knowingly, and intelligently admits the allegations, charges, and stipulations in this Consent Order.

16. Respondent agrees that facsimile/PDF copies of this Consent Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.

17. Respondent agrees that it has not received any threats or promises of any kind by the State or any

agent or representative thereof, except such as is detailed herein.

18. A violation of this Consent Order shall constitute a separate violation of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

APPROVED FOR ENTRY:

Jeremy D. Stout — 9-16-20

Representative of VGM
Pharmacy License Number 5783
Respondent — DATE

12-2-20

Matt Gibbs (BPR # 032744) — DATE
Senior Associate General Counsel
Tennessee Department of Health
Office of General Counsel
665 Mainstream Drive, 2nd Floor
Nashville, Tennessee 37243
(615) 741-1611

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 1st day of December, 2020.

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.

Reginald Gilmore Ross Pryor
Chairperson/Acting Chairperson
Tennessee Board of Pharmacy

14F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: VGM Group, Inc.

Physical Address: 777 South 67th Avenue, Suite 150

City: Phoenix State: AZ Zip Code: 85043

Telephone Number: (623) 404-0768 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: VGM@slsny.com Website: https://www.vgmgroup.com

Facility Manager: Mariellys B. Gutierrez Martinez

Professional qualifications and experience of facility manager: Collaborated with team members to meet daily demands. Met customer needs with routine and expedited services. Helped team handle high-volume work by prioritizing tasks and organizing supplies.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Retail Pharmacy/Medical Supply Chains, Clinics or Institutions

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: Devices (For Patients), Devices(OTC), Only Devices
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Phillips Respironics
Address: 174 Tech Center Drive, Suite 100, Mount Pleasant, PA 15688

Name: ResMed
Address: 600 Riverside Parkway, Lithia Springs, GA 30122

Name: Lunella, LLC
Address: 100 Cambridge St, 14th Floor, Boston, MA 02114

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? M.H. 2/9/21 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 Anthony Mallaro
Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael Anthony Mallaro — 12/18/20
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 PUBLICY TRADED CORPORATION

State of Incorporation: IA

Parent Company if any: N/A

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) Van G. Miller & Associates, Inc. Employee Stock Ownership Trust (Name) 1111 W San Marnan Drive, Waterloo, IA 50701 (Business Address)

b) _____ (Name) _____ (Business Address)

c) _____ (Name) _____ (Business Address)

d) _____ (Name) _____ (Business Address)

2) Provide the number of shares issued by the corporation. 2.5 million

3) What was the price paid per share? $17.45

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

Maria Herrera

From: Compliance Department <compliance@slsnysupport.com>
Sent: Tuesday, February 9, 2021 11:18 AM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: Re: [#90071] Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Follow Up Flag: Follow up
Flag Status: Flagged

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Ticket Number 90071

Hi Maria,

I believe questions 1 & 2 of page 2 are not the questions that need to be changed. Can you please update the answer to question 3 on page 3 to "Yes"?

Thank you as always.

Sincerely,

Ismael Ortiz
Customer Service Manager
Pharmaregs, Inc.
State License Servicing, Inc
CIM 90, Carr. 165, Suite C-102
Guaynabo, PR 00968
Phone: (787) 723-3474

> On Tue, 9 Feb at 12:42 PM , Maria Herrera <m.herrera@pharmacy.nv.gov> wrote:
> Hi Ismael,
>
> Based on the disclosure notice we received today regarding VGM Group, Inc. would you like me to update page 2 questions 1 or 2 of your applications?
>
> 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,

Maria Herrera

From: Compliance Department <compliance@slsnysupport.com>
Sent: Friday, February 5, 2021 8:37 AM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: Re: [#90071] Fwd: Nevada Wholesaler Application- VGM Group, Inc.
Attachments: VGM-IA_GS Certificate.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Ticket Number 90071

Good morning Maria

I hope this email finds you well,

Please be advised that this facility does not handle drugs, they only handle OTC & Rx devices. Attached you'll find the requested Certificate of Good Standing for VGM Group. Please confirm receipt and advise if this information will suffice in order to proceed accordingly.

VGM Group, Inc.
3046 Dickerson Pike
Nashville, TN 37207

Thank you as always.

Sincerely,

Ismael Ortiz
Customer Service Manager
Pharmaregs, Inc.
State License Servicing, Inc
CIM 90, Carr. 165, Suite C-102
Guaynabo, PR 00968
Phone: (787) 723-3474

> On Fri, 22 Jan at 8:53 AM , Compliance Department <compliance@slsnysupport.com> wrote:
> **From: State License Servicing, Inc.**
>
> Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.
>
> Ticket Number 90071
>
> Good morning Maria
>
> I hope this email finds you well,

VGM Group, Inc.

Corporate Address: 1111 W. San Marnan Drive, Waterloo, IA 50701 USA
FEIN: 42-1280573
https://www.vgmgroup.com

Drug Labeler Code: N/A
Incorporation State: IA
Incorporation Date: 09/04/1986

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
SAZ	777 South 67th Avenue Suite 150 Phoenix, AZ 85043 County: Maricopa	N/A	N/A - No CS	117352470	No	(623) 404-0768	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Mariellys B. Gutierrez Martinez	[redacted] South 67th Avenue 150 Phoenix, AZ 85043	Warehouse Manager	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Van G. Miller & Associates, Inc. Employee Stock Ownership Trust	1111 W San Marnan Drive Waterloo, IA 50701	N/A	100	N/A	71-0999644	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Michael Anthony Mallaro	[redacted] Carriage Lane Cedar Falls, IA 50613	Chief Executive Officer	No	[redacted]		
James Edward Walsh Jr.	[redacted] Oak Park Blvd Cedar Falls, IA 50613	Chairman of The Board, General Counsel and Secretary	No			
James Robert Nygren	[redacted] River Ridge Road Cedar Falls, IA 50613	CFO & Treasurer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			
CSC			

Long Company particulars

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 4/6/2021

Name: VGM GROUP, INC. (490 DP - 110492)
Date of Incorporation: 9/4/1986
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS217865**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 10/20/2020

Name: VGM GROUP, INC. (490 DP - 110492)
Date of Incorporation: 9/4/1986
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS205843**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

Certificate of Good Standing from Formation State

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 10/20/2020

Name: VGM GROUP, INC. (490 DP - 110492)
Date of Incorporation: 9/4/1986
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS205843**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate

Paul D. Pate, Iowa Secretary of State

Nevada Bond

SAZ -

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. LICX1193292

Application/License No. _____

VGM Group, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 777 S 67th Ave Suite 150 Phoenix, AZ 85043 (Address of Applicant/Principal), as PRINCIPAL, and Lexon Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 12890 Lebanon Rd Mt. Juliet, TN 37122 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 13, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 13 day of November, 20 20.

APPLICANT/PRINCIPAL

_____
Authorized Representative

SURETY COMPANY

_____
Surety Company's Representative

Michael Tanguay, 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

SOMPO INTERNATIONAL
INSURANCE

11354

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars ($10,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019

Endurance Assurance Corporation	Endurance American Insurance Company	Lexon Insurance Company	Bond Safeguard Insurance Company
By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel

Endurance Assurance Corporation CORPORATE SEAL 2002 DELAWARE

Endurance American Insurance Company CORPORATE SEAL 1996 DELAWARE

LEXON INSURANCE COMPANY CORPORATE SEAL MARCH 16, 1984 STATE OF TEXAS

BOND SAFEGUARD INSURANCE COMPANY A SOUTH DAKOTA INSURANCE COMPANY

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor, Notary Public - My Commission Expires 5/9/23

AMY TAYLOR NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   ; and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 13th day of November, 2020

By: Daniel S. Lehe, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website – https://www.treasury.gov/resource-center/sanctions/SDN-List

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com
Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

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. LICX1193292

Application/License No. _____

VGM Group, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 777 S 67th Ave Suite 150 Phoenix, AZ 85043 (Address of Applicant/Principal), as PRINCIPAL, and Lexon Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 12890 Lebanon Rd Mt. Juliet, TN 37122 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 13, 2020 (Effective Date).

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COPY

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APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Michael Tanguay, 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

SOMPO INTERNATIONAL
INSURANCE

11354

POWER OF ATTORNEY

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By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel

SEAL 2002 DELAWARE

SEAL 1996 DELAWARE

LEXON INSURANCE COMPANY CORPORATE SEAL MARCH 16 1994 STATE OF TEXAS

ACKNOWLEDGEMENT

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By Amy Taylor
Amy Taylor, Notary Public | My Commission Expires 5/9/23

AMY TAYLOR NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

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By:
Daniel S. Lane, Secretary

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Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com
Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

Home State VOL 3054

AZ does not issue official VOLs

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 :	VGM Group, Inc.
Address :	777 South 67th Avenue Suite 150 Phoenix AZ 85043
License No :	W003455
Permit Type :	Wholesaler
Sub Type :	Full Service
Date Issued :	09/15/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Home State Licence wholesaler. 3055

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: 06/19/2020
Receipt Number: 202084002
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W003455

EXPIRES
10/31/2021

Issued to :

VGM Group, Inc.
Van G. Miller & Associates, Inc. Employee Stock Ownership Trust
C/O STATE LICENSE SERVICING, 1751 STATE ROUTE 17A SUITE 3
FLORIDA, NY 10921

VGM Group, Inc.
777 SOUTH 67TH AVENUE SUITE 150
PHOENIX, AZ 85043

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Van G. Miller & Associates, Inc. Employee Stock Ownership Trust
LICENSE NUMBER : W003455
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.

DR- Resume 3056

Mariellys Gutierrez

Warehouse Supervisor

Contact

[redacted]W Centerra Dr.
Goodyear, Az 85338
[redacted]
Mariellys.Gutierrez@vgm.com

Key Skills

Warehouse Oversight
Trouble Shooting
Detail Oriented
Time Management
Order Processing

Objective

Operate in a workplace where I can develop myself and others to achieve the team goal.

Experience

09-2018 - Current
Warehouse Supervisor • VGM Fulfillment – Phoenix, AZ

- Met customer needs with routine and expedited services
- Helped team handle high-volume work by prioritizing tasks and organizing supplies
- Tracked daily activities in AX for consistent reporting
- Troubleshot problems and developed successful solutions
- Collaborated with team members to meet daily demands

03-2017 – 08-2018
Healthcare Representative • Verus Healthcare – Nashville, TN

- Engaged customers through phone calls, site visits, and product demonstrations
- Developed solid relationships with staff, customers, and vendors to expertly handle operational requirements
- Maintained full compliance with legal, health, and safety regulations

02-2017 – 03-2017
Warehouse Clerk • Technicolor - La Vergne, TN

- Achieved organizational targets by consistently placing items in correct locations and resolving discrepancies
- Met deadlines consistently by working with efficiency to process paperwork and prepare deliveries

STATE LICENSE SERVICING

RECEIVED
JAN 26 2021
NEVADA STATE BOARD OF PHARMACY

STATE LICENSE SERVICING, INC.
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

January 21, 2021

To:

Re: **Notice of Civil Penalty**

VGM Group, Inc.

License/Permit No.: pending

Dear Licensing Authority:

State License Servicing, Inc. represents VGM Group, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of a civil penalty for the above-referenced licensee.

VGM Group, Inc. received a consent order from the Tennessee Board of Pharmacy imposing a civil penalty in the amount of one thousand two hundred dollars ($1,200.00). This civil penalty is a result of operating as a Third Party Logistics Provider in the state of Tennessee without holding a valid license. VGM Group, Inc. has submitted payment of the civil penalty

The final consent order was signed by the Tennessee Board of Pharmacy on December 2, 2020 and was mailed shortly after. United States Postal Service tracking shows that it was delivered on December 9, 2020, however VGM Group, Inc. has no record of receiving the document. On January 12, 2021, VGM Group, Inc. emailed the attorney for the Tennessee Board of Pharmacy regarding the consent order, which was then emailed directly to VGM Group, Inc. that same day.

Attached please find copies of the Consent Order regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
VGM@slsny.com

99/1-1200

BEFORE THE TENNESSEE BOARD OF PHARMACY

IN THE MATTER OF:	)	C-penalty
	)	
VGM GROUP, INC (LICENSE # 5783)	)	**Case** Number 201905211
3046 DICKERSON PIKE	)	
NASHVILLE, TENNESSEE 37207	)	SEP 18 2020
	)	

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health ("State"), by and through the Office of General Counsel, and VGM Group, Inc, located in Nashville, Tennessee ("VGM" or "Respondent"), and respectfully moves the Tennessee Board of Pharmacy ("Board") for approval of this Consent Order regarding Respondent's license to practice as a third-party logistic provider ("3PL") in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, 3PLs, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act ("Practice Act"), Tennessee Code Annotated Section ("TENN. CODE ANN. §") 63-10-101, *et seq*., including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee ("TENN. COMP. R. & REGS."), 1140-01-.01, *et seq*. The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Allegations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a 3PL in the State of Tennessee, having been granted license number 5783 on October 29, 2019, which currently expires on October 31, 2021.

2. At all times pertinent hereto, Respondent was located in Nashville, Tennessee.

3 In September of 2018, VGM began operations as a 3PL at 3046 Dickerson Pike, Nashville, Tennessee 37207. VGM applied for a 3PL license (with the Board) in September of 2019. VGM operated in this State without a proper 3PL license for a period of 12 months.

III. Stipulated Grounds for Discipline

4. The Board has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of the Practice Act and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-08-.01 [CIVIL PENALTIES].

5. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS., 1140-01-.01, *et seq.*, for which disciplinary action by the Board is authorized.

6. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. CODE ANN. § 63-10-305(8), the relevant portion of which reads as follows:

Failed to comply with a... duly promulgated rule of the board.

7 The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. COMP. R. & REGS., 1140-16-.02(1), the relevant portions of which provides as follows:

Before any 3PL provides or coordinates warehousing or other logistics services within this state for a prescription drug and/or prescription device on behalf of a manufacturer, wholesale distributor, or dispenser the 3PL shall be licensed by the Board in accordance with this Chapter whether physically located within this state or outside this state. Where operations are conducted at more than one location, each such location shall be licensed by the Board. A warehouse

provided by a 3PL shall be inspected by the Board's inspector(s) or inspectors of the state where the warehouse is physically located prior to providing services.

IV. Stipulated Disposition

8. **NOW THEREFORE,** Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:

(a) Respondent agrees to pay a civil penalty in the amount of **one thousand two hundred dollars ($1,200).** This civil penalty represents $100 for each month VGM operated as a 3PL in this State without a valid license This civil penalty is due immediately upon the execution of this Consent Order. Payment shall be made by **certified check, cashier's check, or money order**, payable to the **State of Tennessee, Department of Health**. Any and all payments shall be forwarded to the **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Nashville, Tennessee 37243.** A notation shall be placed on said money order or such check that it is payable for the Assessment of Costs of VGM, case number 201905211.

9. Respondent understands the ratification of this Consent Order is a formal disciplinary action and may be reported to the National Practitioner Data Bank (N.P.D.B.) and/or similar agency. Respondent further understands that failure to comply with the terms of this Consent Order shall constitute grounds for disciplinary action.

V. Notice

10. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Consent Order not be ratified. Likewise, all matters, admissions

and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue this Consent Order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.

12. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.

13. Furthermore, Respondent acknowledges that it understands the rights found in the Practice Act and the Uniform Administrative Procedures Act, Tenn. Code Ann. §§ 4-5-101 thru 4-5-404, including the right to a hearing on the Petition, the right to appear personally and by legal counsel, the right to confront and to cross-examine witnesses who would testify against Respondent, the right to testify and to present evidence on Respondent's own behalf, as well as the right to appeal for judicial review.

14. Respondent freely, voluntarily, knowingly, and intelligently waives each and every right set forth in paragraph thirteen, above.

15. Respondent understands and freely, voluntarily, knowingly, and intelligently admits the allegations, charges, and stipulations in this Consent Order.

16. Respondent agrees that facsimile/PDF copies of this Consent Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.

17. Respondent agrees that it has not received any threats or promises of any kind by the State or any

agent or representative thereof, except such as is detailed herein.

18. A **violation** of this Consent Order shall constitute a **separate violation** of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

APPROVED FOR ENTRY:

JEREMY D. STOLZ

Representative of VGM
Pharmacy License Number 5783
Respondent

9-16-20
DATE

Matt Gibbs (BPR # 032744)
Senior Associate General Counsel
Tennessee Department of Health
Office of General Counsel
665 Mainstream Drive, 2nd Floor
Nashville, Tennessee 37243
(615) 741-1611

DATE

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 1st day of December 2020.

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.

Chairperson/Acting Chairperson
Tennessee Board of Pharmacy

STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

Date: 01/12/2021

To: Nevada State Board of Pharmacy

Re: VGM Group, Inc.

Wholesaler Application

Facility Address: 777 South 67th Avenue, Suite 150, Phoenix, AZ 85043

Dear Sir/Madam:

Please be advised that I represent **VGM Group, Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/~~money order~~ # 2094 for your fee in the amount of **$500.00**. As required, the following documents are also being submitted:

- ☒ Bond - Payable to State of Nevada
- ☐ Certificate of Good Standing from Formation State
- ☒ Company Particulars with Personal Info
- ☐ Designated Representative's Resume
- ☑ Home State License Verification, ~~Board-Sealed~~ Online
- ☐ Home State License/Exemption Letter, Copy
- ☑ Officer's Fingerprint Cards
- ☐ Officer's Nevada Fingerprint Waiver

If you have any questions or need any additional documentation, please contact our Compliance Department at compliance@slsnysupport.com

Kind regards,

Jennifer Schneider
VP, Client Services

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 01/12/2021

Waiting on list of employees.

14G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: VGM Group, Inc.

Physical Address: 3046 Dickerson Pike

City: Nashville State: TN Zip Code: 37207

Telephone Number: (615) 469-7935 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: VGM@slsny.com Website: https://www.vgmgroup.com

Facility Manager: Quinn Edward Ronek

Professional qualifications and experience of facility manager: Managed day-to-day operations of warehouse, including freight and parcel shipments, returns and transfers. Trained employees on equipment operation and safety protocols. Oversaw daily operations and shipping and handling processes.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Medical Supply Chains, Physicians/Veterinarians,Clinics or Institutions

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: Devices (For Patients), Only Devices, Devices (OTC)
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Phillips Respironics
Address: 174 Tech Center Drive, Suite 100, Mount Pleasant, PA 15688

Name: ResMed
Address: 600 Riverside Parkway, Lithia Springs, GA 30122

Name: Lunella, LLC
Address: 100 Cambridge St, 14th Floor, Boston, MA 02114

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 ☒

Maria Herrera

From: Compliance Department <compliance@slsnysupport.com>
Sent: Tuesday, February 9, 2021 11:18 AM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: Re: [#90071] Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Follow Up Flag: Follow up
Flag Status: Flagged

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Ticket Number 90071

Hi Maria,

I believe questions 1 & 2 of page 2 are not the questions that need to be changed. Can you please update the answer to question 3 on page 3 to "Yes"?

Thank you as always.

Sincerely,

Ismael Ortiz
Customer Service Manager
Pharmaregs, Inc.
State License Servicing, Inc
CIM 90, Carr. 165, Suite C-102
Guaynabo, PR 00968
Phone: (787) 723-3474

> On Tue, 9 Feb at 12:42 PM , Maria Herrera <m.herrera@pharmacy.nv.gov> wrote:
> Hi Ismael,
>
> Based on the disclosure notice we received today regarding VGM Group, Inc. would you like me to update page 2 questions 1 or 2 of your applications?
>
> 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,

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? M.H 8/9/21 Yes ☒ No ☐

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

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

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

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

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

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

Michael Anthony Mallaro — 12/18/20

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 PUBLICY TRADED CORPORATION

State of Incorporation: IA

Parent Company if any: N/A

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) Van G. Miller & Associates, Inc. Employee Stock Ownership Trust 1111 W San Marnan Drive, Waterloo, IA 50701- 100% Sole Shareholder
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. 2.5 million

3) What was the price paid per share? $17.45

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.

VGM Group, Inc.

Corporate Address: 1111 W. San Marnan Drive, Waterloo, IA 50701 USA
FEIN: 42-1280573
https://www.vgmgroup.com

Drug Labeler Code: N/A
Incorporation State: IA
Incorporation Date: 09/04/1986

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
NAS	3046 Dickerson Pike Nashville, TN 37207 County: Davidson	N/A	N/A - No CS	080383293	No	(615) 469-7935	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Quinn Edward Ronek	[redacted] Dickerson Pike Nashville, TN 37207	Warehouse Supervisor	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Van G. Miller & Associates, Inc. Employee Stock Ownership Trust	1111 W San Marnan Drive Waterloo, IA 50701	N/A	100	N/A	71-0999644	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Michael Anthony Mallaro	[redacted] Carriage Lane Cedar Falls, IA 50613	Chief Executive Officer	No	[redacted]		
James Edward Walsh Jr.	[redacted] Oak Park Blvd Cedar Falls, IA 50613	Chairman of The Board, General Counsel and Secretary	No			
James Robert Nygren	[redacted] River Ridge Road Cedar Falls, IA 50613	CFO & Treasurer	No			

Company Particulars

For licensing issues, please contact State License Servicing, LLC (845) 544-2482 VGM@slsny.com

Page 1 of 1

3078

Maria Herrera

From: Compliance Department <compliance@slsnysupport.com>
Sent: Friday, January 22, 2021 5:45 AM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: Re: [#90069] Fwd: Nevada Wholesaler Application- VGM Group, Inc Waterloo, IA

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc Waterloo, IA

Ticket Number 90069

Good morning Maria

I hope this email finds you well,

Please be advised that this facility does not handle drugs, they only handle OTC & Rx devices. Please confirm receipt and advise if this information will suffice in order to proceed accordingly.

VGM Group, Inc.
1055 Southdown Drive
Waterloo, IA 50702

Thank you as always.

Sincerely,

Ismael Ortiz
Customer Service Manager
Pharmaregs, Inc.
State License Servicing, Inc
CIM 90, Carr. 165, Suite C-102
Guaynabo, PR 00968
Phone: (787) 723-3474

On Thu, 21 Jan at 1:23 PM , Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Nevada Wholesaler Application- VGM Group, Inc Waterloo, IA
Date: January 21, 2021 at 1:20:07 PM EST
To: "vgm@slsny.com" <vgm@slsny.com>
Cc: "Mark I. Sedar" <msedar@pharmacy.nv.gov>

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from VGM Group, Inc. The application is incomplete due to the following missing items.

- List of employees who handle drugs daily

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
m.herrera@pharmacy.nv.gov
775-850-1440

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.

NAS - Nevada Bond.

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. LICX1193291

Application/License No. _____

VGM Group, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3046 Dickerson Pike Nashville, TN 37207 (Address of Applicant/Principal), as PRINCIPAL, and Lexon Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 12890 Lebanon Rd Mt. Juliet, TN 37122 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 13, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 13 day of November, 20 20.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Michael Tanguay, 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

SOMPO INTERNATIONAL
INSURANCE

11354

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars ($10,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019

Endurance Assurance Corporation
By: Richard Appel
Richard Appel; SVP & Senior Counsel

Endurance American Insurance Company
By: Richard Appel
Richard Appel; SVP & Senior Counsel

Lexon Insurance Company
By: Richard Appel
Richard Appel; SVP & Senior Counsel

Bond Safeguard Insurance Company
By: Richard Appel
Richard Appel; SVP & Senior Counsel

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public – My Commission Expires 5/9/23

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   ; and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 13th day of November 20 20.

By:
Daniel S. Lane, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website – https://www.treasury.gov/resource-center/sanctions/SDN-List

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com
Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

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. LICX1193291

Application/License No. _____

VGM Group, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3046 Dickerson Pike Nashville, TN 37207 (Address of Applicant/Principal), as PRINCIPAL, and Lexon Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 12890 Lebanon Rd Mt. Juliet, TN 37122 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 13, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

COPY

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 13 day of November, 20 20.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Michael Tanguay, 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

SOMPO INTERNATIONAL
INSURANCE

11354

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Michael Tanguay** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars ($10,000,000.00).**

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019

Endurance Assurance Corporation	Endurance American Insurance Company	Lexon Insurance Company	Bond Safeguard Insurance Company
By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel	By: Richard Appel; SVP & Senior Counsel

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/she is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public - My Commission Expires 5/9/23

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   ; and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 13th day of November 20 20

By:
Daniel S Lane, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website – https://www.treasury.gov/resource-center/sanctions/SDN-List

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 4/6/2021

Name: VGM GROUP, INC. (490 DP - 110492)
Date of Incorporation: 9/4/1986
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS217865**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 10/20/2020

Name: VGM GROUP, INC. (490 DP - 110492)
Date of Incorporation: 9/4/1986
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS205843**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

Quinn Ronek

[redacted] Cumberland Blvd Apt. 420 Nashville , TN 37228
[redacted]
linkedin.com/in/quinn-ronek-aab164194

Professional Summary

Enthusiastic Leader eager to contribute to team success and organizational growth through hard work, attention to detail and excellent communication skills. Clear understanding of fulfillment and employee relations, with dedicated passion for building others up while working together to exceed goals. Motivated to learn, develop high performers and lead by example.

Skills

- Hiring proficiency
- Opening and closing offices
- Positive leadership qualities
- Cost reduction
- Order picking and processing
- Shipping and receiving
- Operational improvement
- Problem resolution
- Team building
- Customer service
- Relationship development

Work History

Warehouse Team Lead, 08/2019 to Present **VGM Group Inc** – Nashville , TN

- Trained employees on equipment operation and safety protocols.
- Managed day-to-day operations of warehouse, including freight and parcel shipments, returns and transfers.
- Oversaw daily operations and shipping and handling processes.
- Collaborated with management to implement new initiatives and policies and achieve benchmarks for production, quality and safety.
- Managed timely and effective replacement of damaged or missing products.

Warehouse Associate, 09/2016 to 09/2019
VGM Group Inc – Waterloo, IA

- Prepared orders for shipment by systematically picking, packing and labeling merchandise.
- Inspected ingoing and outgoing shipments to verify accuracy and prevent errors.
- Operated scanners to track merchandise and verify contents of containers.
- Labeled and accurately moved customer orders to meet shipment timetables and minimize errors.
- Surpassed goals for customer orders fulfilled on a regular basis

Warehouse Associate, 05/2015 to 08/2016
Colony Brands Inc. – Peosta, IA

- Transferred inventory to and from target destinations using forklifts and other transportation vehicles.
- Kept warehouse clean and organized to maximize team efficiency and productivity.
- Inspected ingoing and outgoing shipments to verify accuracy and prevent errors.
- Transferred products of all sizes using overhead cranes, forklifts and other equipment, consistently meeting challenging performance goals.

Education

Associate of Arts: Liberal Arts And General Studies, 12/2018
Hawkeye Community College - Waterloo, IA

High School Diploma: 05/2015
Western Dubuque High School - Epworth, IA

Liberal Arts And General Studies
University of Northern Iowa - Cedar Falls, IA
Attended UNI the Fall of 2015 for one year

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 10/20/2020

Name: VGM GROUP, INC. (490 DP - 110492)
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c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS205843**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

Wholesale Home State License

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000006070
EXPIRATION DATE: 05/31/2022

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
VGM GROUP, INC.

COMMISSIONER OF HEALTH

VGM GROUP, INC.
C/O STATE LICENSE SERVICING
1751 STATE ROUTE 17A, SUITE 3
FLORIDA NY 10921-1061

State of Tennessee
Department of Health

12125279
28158

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
VGM GROUP, INC.
3046 DICKERSON PIKE
NASHVILLE TN 37207

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000006070
EXPIRATION DATE: 05/31/2022

DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
http://www.tn.gov/health

Tennessee Board of Pharmacy
Manufacturer/Wholesaler/Distributor
1-800-778-4123 or 615-253-1299

December 9, 2020

State License Servicing, Inc
1751 Route 17A, Suite 3
Florida, NY 10921

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION:	Wholesaler/Distributor
NAME:	VGM Group, Inc.
ADDRESS:	3046 Dickerson Pike Nashville, TN 37207
LICENSE NUMBER:	6070
ISSUE DATE:	May 22, 2020
EXPIRATION DATE:	May 31, 2022
CURRENT STATUS:	Licensed
STATUS DATE:	May 22, 2020

SPECIAL ENDORSEMENT:

COMMENTS: There is no derogatory information in our files concerning this facilty.

Sincerely,

Tennessee Board of Pharmacy

VERFFACLTY

Maria Herrera

From: Compliance Department <compliance@slsnysupport.com>
Sent: Friday, February 5, 2021 8:37 AM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: Re: [#90071] Fwd: Nevada Wholesaler Application- VGM Group, Inc.
Attachments: VGM-IA_GS Certificate.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

From: State License Servicing, Inc.

Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.

Ticket Number 90071

Good morning Maria

I hope this email finds you well,

Please be advised that this facility does not handle drugs, they only handle OTC & Rx devices. Attached you'll find the requested Certificate of Good Standing for VGM Group. Please confirm receipt and advise if this information will suffice in order to proceed accordingly.

VGM Group, Inc.
3046 Dickerson Pike
Nashville, TN 37207

Thank you as always.

Sincerely,

Ismael Ortiz
Customer Service Manager
Pharmaregs, Inc.
State License Servicing, Inc
CIM 90, Carr. 165, Suite C-102
Guaynabo, PR 00968
Phone: (787) 723-3474

> On Fri, 22 Jan at 8:53 AM , Compliance Department <compliance@slsnysupport.com> wrote:
> **From: State License Servicing, Inc.**
>
> Subject: Fwd: Nevada Wholesaler Application- VGM Group, Inc.
>
> Ticket Number 90071
>
> Good morning Maria
>
> I hope this email finds you well,

Please be advised that this facility does not handle drugs, they only handle OTC & Rx devices. Attached you'll find the requested Certificate of Good Standing for VGM Group. Please confirm receipt and advise if this information will suffice in order to proceed accordingly.

VGM Group, Inc.
3046 Dickerson Pike
Nashville, TN 37207

Thank you as always.

Sincerely,

Ismael Ortiz
Customer Service Manager
Pharmaregs, Inc.
State License Servicing, Inc
CIM 90, Carr. 165, Suite C-102
Guaynabo, PR 00968
Phone: (787) 723-3474

On Thu, 21 Jan at 1:23 PM , Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Nevada Wholesaler Application- VGM Group, Inc.
Date: January 21, 2021 at 12:51:50 PM EST
To: "vgm@slsny.com" <vgm@slsny.com>
Cc: "Mark I. Sedar" <msedar@pharmacy.nv.gov>

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from VGM Group, Inc. The application is incomplete due to the following missing items.

- Updated Certificate of Good Standing from your Secretary of State
- List of employees who handle drugs daily

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
m.herrera@pharmacy.nv.gov
775-850-1440

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

STATE LICENSE SERVICING

RECEIVED
JAN 26 2021
NEVADA STATE BOARD OF PHARMACY

STATE LICENSE SERVICING, INC.
1751 State Route 17A, Suite 1
Florida, NY 10921
Tel. 845/544-2487
Fax. 845/544-2481
statelicenseservicing.com

January 21, 2021

To:

Re: **Notice of Civil Penalty**

VGM Group, Inc.

License/Permit No.: pending

Dear Licensing Authority:

State License Servicing, Inc. represents VGM Group, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of a civil penalty for the above-referenced licensee.

VGM Group, Inc. received a consent order from the Tennessee Board of Pharmacy imposing a civil penalty in the amount of one thousand two hundred dollars ($1,200.00). This civil penalty is a result of operating as a Third Party Logistics Provider in the state of Tennessee without holding a valid license. VGM Group, Inc. has submitted payment of the civil penalty

The final consent order was signed by the Tennessee Board of Pharmacy on December 2, 2020 and was mailed shortly after. United States Postal Service tracking shows that it was delivered on December 9, 2020, however VGM Group, Inc. has no record of receiving the document. On January 12, 2021, VGM Group, Inc. emailed the attorney for the Tennessee Board of Pharmacy regarding the consent order, which was then emailed directly to VGM Group, Inc. that same day.

Attached please find copies of the Consent Order regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
VGM@slsny.com

99/1-1200

BEFORE THE TENNESSEE BOARD OF PHARMACY

IN THE MATTER OF:	)	C. penalty
	)	
VGM GROUP, INC (LICENSE # 5783)	)	Case Number 201905211
3046 DICKERSON PIKE	)	
NASHVILLE, TENNESSEE 37207	)	SEP 18 2020
	)	

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health ("State"), by and through the Office of General Counsel, and VGM Group, Inc, located in Nashville, Tennessee ("VGM" or "Respondent"), and respectfully moves the Tennessee Board of Pharmacy ("Board") for approval of this Consent Order regarding Respondent's license to practice as a third-party logistic provider ("3PL") in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, 3PLs, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act ("Practice Act"), Tennessee Code Annotated Section ("TENN. CODE ANN. §") 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee ("TENN. COMP. R. & REGS."), 1140-01-.01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Allegations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a 3PL in the State of Tennessee, having been granted license number 5783 on October 29, 2019, which currently expires on October 31, 2021.

2. At all times pertinent hereto, Respondent was located in Nashville, Tennessee.

3 In September of 2018, VGM began operations as a 3PL at 3046 Dickerson Pike, Nashville, Tennessee 37207. VGM applied for a 3PL license (with the Board) in September of 2019. VGM operated in this State without a proper 3PL license for a period of 12 months.

III. Stipulated Grounds for Discipline

4. The Board has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of the Practice Act and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-08-.01 [CIVIL PENALTIES].

5. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS., 1140-01-.01, *et seq.*, for which disciplinary action by the Board is authorized.

6. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. CODE ANN. § 63-10-305(8), the relevant portion of which reads as follows:

   Failed to comply with a... duly promulgated rule of the board.

7. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. COMP. R. & REGS., 1140-16-.02(1), the relevant portions of which provides as follows:

   Before any 3PL provides or coordinates warehousing or other logistics services within this state for a prescription drug and/or prescription device on behalf of a manufacturer, wholesale distributor, or dispenser the 3PL shall be licensed by the Board in accordance with this Chapter whether physically located within this state or outside this state. Where operations are conducted at more than one location, each such location shall be licensed by the Board. A warehouse

provided by a 3PL shall be inspected by the Board's inspector(s) or inspectors of the state where the warehouse is physically located prior to providing services.

IV. Stipulated Disposition

8. **NOW THEREFORE,** Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:

(a) Respondent agrees to pay a civil penalty in the amount of **one thousand two hundred dollars ($1,200).** This civil penalty represents $100 for each month VGM operated as a 3PL in this State without a valid license This civil penalty is due immediately upon the execution of this Consent Order. Payment shall be made by **certified check, cashier's check, or money order**, payable to the **State of Tennessee, Department of Health**. Any and all payments shall be forwarded to the **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Nashville, Tennessee 37243**. A notation shall be placed on said money order or such check that it is payable for the Assessment of Costs of VGM, case number 201905211.

9. Respondent understands the ratification of this Consent Order is a formal disciplinary action and may be reported to the National Practitioner Data Bank (N.P.D.B.) and/or similar agency. Respondent further understands that failure to comply with the terms of this Consent Order shall constitute grounds for disciplinary action.

V. Notice

10. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Consent Order not be ratified. Likewise, all matters, admissions

and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue this Consent Order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.

12. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.

13. Furthermore, Respondent acknowledges that it understands the rights found in the Practice Act and the Uniform Administrative Procedures Act, Tenn. Code Ann. §§ 4-5-101 thru 4-5-404, including the right to a hearing on the Petition, the right to appear personally and by legal counsel, the right to confront and to cross-examine witnesses who would testify against Respondent, the right to testify and to present evidence on Respondent's own behalf, as well as the right to appeal for judicial review.

14. Respondent freely, voluntarily, knowingly, and intelligently waives each and every right set forth in paragraph thirteen, above.

15. Respondent understands and freely, voluntarily, knowingly, and intelligently admits the allegations, charges, and stipulations in this Consent Order.

16. Respondent agrees that facsimile/PDF copies of this Consent Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.

17. Respondent agrees that it has not received any threats or promises of any kind by the State or any

agent or representative thereof, except such as is detailed herein.

18. A **violation** of this Consent Order shall constitute a **separate violation** of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

APPROVED FOR ENTRY:

JEREMY D. STOLZ

Representative of VGM
Pharmacy License Number 5783
Respondent

9-16-20
DATE

Matt Gibbs (BPR # 032744)
Senior Associate General Counsel
Tennessee Department of Health
Office of General Counsel
665 Mainstream Drive, 2nd Floor
Nashville, Tennessee 37243
(615) 741-1611

DATE

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 1st day of December, 2020.

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.

Chairperson/Acting Chairperson
Tennessee Board of Pharmacy

STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

Date: 01/12/2021

To: Nevada State Board of Pharmacy

Re: VGM Group, Inc.

Wholesaler Application

Facility Address: 3046 Dickerson Pike, Nashville, TN 37207

Dear Sir/Madam:

Please be advised that I represent **VGM Group, Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/money order # 2093 for your fee in the amount of **$500.00**. As required, the following documents are also being submitted:

- [x] Bond - Payable to State of Nevada
- [x] Certificate of Good Standing from Formation State
- [x] Company Particulars with Personal Info
- [x] Designated Representative's Resume
- [x] Home State License Verification, Board-Sealed
- [x] Home State License/Exemption Letter, Copy
- [x] Officer's Fingerprint Cards
- [x] Officer's Nevada Fingerprint Waiver

If you have any questions or need any additional documentation, please contact our Compliance Department at compliance@slsnysupport.com

Kind regards,

Jennifer Schneider
VP, Client Services

Waiting on list of employees.

15

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: STAQ Pharma, Inc.

Physical Address: 14135 E. 42nd Ave. Unit 50

City: Denver State: CO Zip Code: 80239

Telephone: 720-961-2720 Fax: N/A

Toll Free Number: 833-397-0106 (Required per NAC 639.708)

E-mail: ereyes@staqpharma.com Website: www.staqpharma.com

Supervising Pharmacist: Emily Reyes Nevada License #: 20176 OR
MT. 5/18/21

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: $500 MO # 245 246 92887

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): 36-467 0631

Please provide the name of the facility as registered with the FDA and the registration number:
STAQ Pharma, Inc.

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/A

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Emily Reyes Nevada License Number: 20176

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

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

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

Joe W. Bryan

Print Name of Authorized Person

28 JUL 2021

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 5**

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Colorado

Parent Company if any: N/A

Address: 14135 East 47th Ave. Unit 50

City: Denver State: CO Zip: 80239

Telephone: 720-961-2720 Fax: N/A

Contact Person: Emily Reyes

For any corporation non publicly traded, disclose the following:

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

a) Joseph Bargan [redacted] S. Columbine St. Denver, Co 80210
Name Address

b) Jeffrey Hval [redacted] Tuscany Lane Highlands Ranch, Co 80130
Name Address

c) Mark Spiecker [redacted] E. Fair Ave. Centennial, Co 80121
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. Common Shares = 9,375,000
Series A Preferred = 6,031,746
Series B Preferred = 7,500,000

3) What was the price paid per share? Series A = $0.63/share
Series B = $1.20/share

4) What date did the corporation actually receive the cash assets? Series A = Q2 and Q3 of 2018 Series B = Q3 and Q4 of 2019

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

Include with the application for a non publicly traded corporation

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

List of officers and directors

STAQ Pharma Inc.
Capitalization Table - Post Series B including Extension and Fully Diluted View for Option Grants

Holder of Securities	Authorized Common Stock		Outstanding Common Stock	Authorized Series A, B and C Preferred Stock			Outstanding Preferred Stock	Outstanding Stock Ownership (fully diluted view)	
	Shares	Convertibles (if any)	Shares	Pref Series A	Pref Series B	Pref Series C	Shares	Shares	Ownership (%)
Voting Common Stock Authorized and Not Anticipated for Options	24,000,000		9,375,000					9,375,000	39.215%
Series A Preferred				6,031,746			6,031,746	6,031,746	25.230%
Series B Preferred					7,500,000		7,500,000	7,500,000	31.372%
Series C Preferred									0.00%
Convertible Notes for Series C Round									0.00%
Voting Common Stock Authorized and Anticipated for Director Options	200,000		200,000					200,000	0.84%
Non-Voting Common Stock Authorized and Anticipated for Employee Options	800,000		800,000					800,000	3.35%
TOTALS	**25,000,000**		**10,375,000**	**6,031,746**	**7,500,000**			**23,906,746**	**100.00%**

check
1.000

Holder of Securities	Common Stock			Series A and B Preferred Stock				Ownership on a Fully-Diluted Basis	
	Shares	Convertible Notes		Shares				Shares	Ownership (%)
JWB Consultants Common	3,125,000							3,125,000	13.072%
Mark Schlecker Common	3,125,000							3,125,000	13.072%
Jeff Hval Common	3,125,000							3,125,000	13.072%
				Series A	Series B	Series C (or notes)			
JWB Consultants LLC (J Bagan)				492,063	136,962			629,025	2.631%
Steve Logan				158,730	82,200			240,930	1.008%
Ron Cooper					83,333			83,333	0.349%
Shakir LLC - Kirsten Petersen					208,333			208,333	0.871%
Mark Brickson				476,191	100,766			576,957	2.413%
Pacific Trust (fka Pensco) Custodian Mark Erickson									
Purple Platypus (S Martin)				79,365	30,683			110,048	0.460%
Steve Kris				317,460	81,116			398,576	1.667%
Marwan Fawaz				119,048				119,048	0.498%
Tuna Capital (JB Richardson/Dave Mertens)				634,921	203,850			838,771	3.509%
May Dodds				158,730	40,533			199,263	0.834%
Bryan Ofilia				63,492	7,950			71,442	0.299%
Dan Seff				476,191	142,199			618,390	2.587%
Jeff Gilmore				79,365	30,683			110,048	0.460%
Jason Kelly				158,730	103,033			261,763	1.095%
LarkField Partners (J Montoya)				396,825				396,825	1.660%
Matt Bell				79,365				79,365	0.332%
MossRock Capital (T Malley)				158,730	19,700			178,430	0.746%
Rob Baumgarten				158,730	40,533			199,263	0.834%
Laurence Chang				158,730	19,700			178,430	0.746%
Catamount Three LLC (Alec Rhoades Team)				198,413	87,200			285,613	1.195%
Grayson Heller				79,365	9,850			89,215	0.373%
ProPharma Cleanrooms LLC (R Locey)				793,651				793,651	3.320%
CHCO				793,651	1,728,531			2,522,182	10.550%
CU Healthcare Innovation Fund L.P.					467,299			467,299	1.955%
Cincinnati Children's Hospital and Medical Center					1,937,773			1,937,773	8.106%
Nationwide Children's Hospital					1,291,850			1,291,850	5.404%
Rev1 NCH Fund I LLC					645,923			645,923	2.702%
Option Holders - Remaining to grant	278,750							278,750	1.166%
Options - Granted	721,250							721,250	3.017%
TOTALS	10,375,000	0		6,031,746	7,500,000	0		23,906,746	100.00%
							Check sum	23,906,746	

Ownership view Post B- PRE Series C (Current)		Ratio to Total	Price
Common	9,375,000	39.215%	
Preferred A	6,031,746	25.230%	
Preferred B	7,500,000	31.372%	
Options	1,000,000	4.183%	
	23,906,746	100%	

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,

STAQ Pharma, Inc.

is a

Corporation

formed or registered on 04/22/2010 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 20101228202 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/12/2021 that have been posted, and by documents delivered to this office electronically through 07/14/2021 @ 08:10:48 .

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 07/14/2021 @ 08:10:48 in accordance with applicable law. This certificate is assigned Confirmation Number 13297852 .

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."

List of Officers and Directors

Name: Joseph Bagan
Title: CEO

Name: Mark Spiecker
Title: President and Chief Marketing Officer

Name: Jeffrey Hval
Title: COO and Chief Pharmacist

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

COPY

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

STAQ Pharma, Inc.

Manufacturer

MFR.0001048	11/01/2020
Number	**Issue Date**
Active	10/31/2022
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

STAQ Pharma, Inc.

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273/656 1: 10

STAQ PHARMA, INC.
14135 E 42ND AVE STE 50
DENVER, CO 80239-5214

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0552643	02-28-2022	$3699
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
2,2N, 3,3N,4,5,L1	MANUFACTURER	01-20-2021

STAQ PHARMA, INC.
14135 E 42ND AVE STE 50
DENVER, CO 80239-5214

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
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WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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STAQ PHARMA, INC.
14135 E 42ND AVE STE 50
DENVER, CO 80239-5214

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Form DEA-223 (9/2016)

FDA U.S. FOOD & DRUG ADMINISTRATION
OFFICE OF REGULATORY AFFAIRS

VIA SIGNATURE CONFIRMED DELIVERY

May 25, 2021

Joseph W. Bagan
Chief Executive Officer
STAQ Pharma Inc.
14135 E 42nd Ave, Unit 50
Denver, CO 80239-5214

Dear Mr. Bagan:

We are enclosing a copy of the Establishment Inspection Report (EIR) for the inspection conducted at your facility, STAQ Pharma Inc., located at 14135 E 42nd Ave, Unit 50 Denver, CO 80239-5214, from August 25, 2020 to September 3, 2020 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 Compliance Officer, LCDR Rumany Penn, at 301-633-6789 or rumany.penn@fda.hhs.gov.

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Sincerely,

CDR Steven E. Porter, Jr.
Director, Division of Pharmaceutical Quality Operations IV

SP: rp

Division of Pharmaceutical Quality Operations IV
19701 Fairchild, Irvine CA 92612-2506
Telephone: 949-608-2900
Fax: 949-608-4417
www.fda.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
6th & Kipling St. (P.O. Box 25087) Denver, CO 80225-0087 (303)236-3000 Fax:(303)236-3100	8/25/2020-9/3/2020*
	FEI NUMBER 3015144909

COPY

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Joseph W. Bagan, CEO	
FIRM NAME STAQ Pharma, Inc.	STREET ADDRESS 14135 E 42nd Ave Ste 50
CITY, STATE, ZIP CODE, COUNTRY Denver, CO 80239-5214	TYPE 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 OBSERVED:

OBSERVATION 1

Written records of investigations into unexplained discrepancies do not always include the conclusions and follow-up.

For example:

a) An investigation (DEV 20-020, July 2020) concerning the leaking of finished and filled syringes in Ketamine HCL 10 mg/ml, 5 ml in a 5 ml syringe lot 20101057A, discovered during visual inspection of filled drug product, did not fully pursue root cause to determine adequacy of container and closure system integrity for marketed sterile drug products and specifically why filled syringes were found leaking. Per the investigation, "The most probable root cause for product leaking beyond the plunger stoppers in 178 syringes for lot 20101057A is materials [the syringe]." ..." [STAQ] Method and machinery are possible contributing factors..."

b) Visual inspection results of filled syringes were found to contain extraneous unidentified visible materials (particles) during 100% visual inspection processes, but no investigation was opened to identify the foreign materials, determine root cause as to how visible substances are found in a drug that is sterile filtered and containerized/filled in a HEPA filtered (ISO 5) environment, and prevent recurrence. For example, the following lots were found with some syringes containing foreign substances:

i) Ketamine HCL 10 mg/ml lot 20101057A 5 ml fill in a 5 ml syringe found 7 syringes containing particles in June 2020.

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SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Michael A Charles, Investigator	X	DATE ISSUED 9/3/2020

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

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6th & Kipling St. (P.O. Box 25087) Denver, CO 80225-0087 (303)236-3000 Fax:(303)236-3100	8/25/2020-9/3/2020* FEI NUMBER 3015144909

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Joseph W. Bagan, CEO

FIRM NAME	STREET ADDRESS
STAQ Pharma, Inc.	14135 E 42nd Ave Ste 50
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Denver, CO 80239-5214	Outsourcing Facility

ii) Hydromorphone HCL 0.2 mg/ml lot 20104056A 2 ml fill in a 3 ml syringe found 1 syringe containing a particle in June 2020.

iii) Morphine Sulfate 1 mg/ml lot 20105064A 2 ml fill in a 3 ml syringe found 1 syringe containing a particle in July 2020.

iv) Hydromorphone HCL 0.2 mg/ml lot 20104090A 50 ml fill in a 50 ml syringe found 1 syringe containing a particle in August 2020.

OBSERVATION 2

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the aseptic process.

For example:

a) The Smoke Study performed in Production Room D is not adequate to show production areas have unidirectional airflow, as the Study shows detection of some instances where there is turbulence.

I) The Smoke Study in the ISO 5 hood in Room D shows that air (smoke) rises towards the ceiling in areas adjacent to the ISO 5 Hood instead of cascading towards the floor where uptakes are located, indicating turbulence instead of unidirectional airflow. Turbulence is also indicated in areas where ISO 5 air meets ISO 7 air.

II) The ISO 7 area, where the ISO 5 hood is located, was not fully included in the Smoke Study to demonstrate air flow adequacy and impact on the ISO 5 environment. The hood generates horizontally directed (ISO 5) air and is open to the ISO 7 environment which produces vertically (downward) flowing air.

The Smoke Study video shows the following from the hood in Production Room D:

i) At 00:37-00:40 there is turbulence

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SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Michael A Charles, Investigator	X	9/3/2020

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

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Joseph W. Bagan, CEO	
FIRM NAME STAQ Pharma, Inc.	STREET ADDRESS 14135 E 42nd Ave Ste 50
CITY, STATE, ZIP CODE, COUNTRY Denver, CO 80239-5214	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

ii) At 00:50-00:54 there is turbulence

iii) At 01:33-01:47 there is air rising upwards

iv) At 02:03-02:07 there is turbulence

b) Transfer of items from ISO 7 to ISO 5 are transferred directly, not fully in an aseptic manor. For example, the formulation bag, syringes and caps are transferred directly without an aseptic step at the point of transfer from ISO 7 to ISO 5.

c) Your media fills were not performed under the most challenging or stressful conditions. For example:

-Media Fill (Process Simulation) does not include processing media in the formulation/mixing bag (a process step prior to sterile filtering).

OBSERVATION 3

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

For example:

a) Media plates used for detecting microbes (in ISO 5 hood areas during filling) with active air sampling do not contain neutralizing agents to ensure detection and growth of microbes in the presence of disinfecting agents utilized in the filling room.

b) There is no environmental monitoring of aseptic setup in ISO 5 hood areas, i.,e., no viable (air and personnel) and no particle monitoring.

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COPY

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

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Joseph W. Bagan, CEO	
FIRM NAME STAQ Pharma, Inc.	STREET ADDRESS 14135 E 42nd Ave Ste 50
CITY, STATE, ZIP CODE, COUNTRY Denver, CO 80239-5214	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

OBSERVATION 4

Aseptic processing areas are deficient regarding the system for cleaning and disinfecting the room and equipment to produce aseptic conditions.

Specifically, classified area disinfecting procedures (SOP 201 Classified Area Cleaning) do not ensure contact times are accomplished, there is no contact time established for isopropyl alcohol (IPA), and there is nothing in the procedure determining how much area can be wiped with a single mop surface or hand wipe surface. For example, it was observed on 8/27/2020, as a regular practice, that the Operator used the same hand wipe surface to disinfect multiple production surfaces within the same ISO area.

OBSERVATION 5

The labels of your outsourcing facility's drug products are deficient.

The templated labels received of your outsourcing facility's drug products does not include information required by section 503B(a)(10)(A) and 503B(a)(10)(B). Specifically, the dosage form of the product, such as "Injection" for the IV formulations, was missing. Some examples include:

1. Fentanyl Citrate 100 mcg/2ml
2. Fentanyl Citrate 250 mcg/5ml
3. Fentanyl Citrate 1000 mcg/20ml
4. Hydromorphone HCL 0.4mg/2ml
5. Hydromorphone HCL 2mg/10ml
6. Ketamine HCL 50mg/5ml
7. Ketamine HCL 30mg/3ml

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SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	DATE ISSUED
	Michael A Charles, Investigator X	9/3/2020

COPY

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION	
DISTRICT ADDRESS AND PHONE NUMBER 6th & Kipling St. (P.O. Box 25087) Denver, CO 80225-0087 (303)236-3000 Fax:(303)236-3100	DATE(S) OF INSPECTION 8/25/2020-9/3/2020* FEI NUMBER 3015144909
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Joseph W. Bagan, CEO	
FIRM NAME STAQ Pharma, Inc.	STREET ADDRESS 14135 E 42nd Ave Ste 50
CITY, STATE, ZIP CODE, COUNTRY Denver, CO 80239-5214	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

8. Midazolam 2mg/2ml
9. Midazolam 25mg/25ml
10. Morphine Sulfate 2mg/2ml
11. Morphine Sulfate 5mg/5ml

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***DATES OF INSPECTION**
8/25/2020(Tue), 8/26/2020(Wed), 8/27/2020(Thu), 8/28/2020(Fri), 9/03/2020(Thu)

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Michael A Charles, Investigator	X	DATE ISSUED 9/3/2020

COPY

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

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S·T·A·Q PHARMA

Safety Availability Quality

16 December 2020

STAQ Pharma
14135 East 42nd Avenue
Unit 50
Denver, CO 80239-5214

Ms. LaTonya Mitchell
District Director
Food and Drug Administration – Denver District
6th & Kipling Street
P.O. Box 25087
Denver, CO 80225-0087

Ref: FDA Form 483 dated September 3, 2020
FEI: 3015144909

Dear Ms. Mitchell,

This letter is our third 30-day update to our initial response (original response sent on 16 September 2020, followed by a first 30-day response on 16 October 2020, and a second 30-day response on 16 November 2020) to the FDA Form 483 issued to STAQ Pharma on 03 September 2020.

STAQ Pharma has implemented corrective actions, revised Standard Operating Procedures, and trained its personnel based on STAQ's responses to the 483 Observations. STAQ Pharma believes the corrective actions that have been implemented address the FDA's observations on the Form 483 issued on 03 September 2020. This will be STAQ Pharma's final response to the FDA Form 483 issued on 03 September 2020 unless otherwise requested or directed by the FDA.

This document has been updated specifically to respond to Observation 4 from the FDA Form 483 in the same order found in the FDA Form 483. The investigator's observation is restated in bold, and the STAQ response and update follows. To assist the reader in finding the response to Observation 4, we have highlighted that portion of the document.

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S·T·A·Q PHARMA

Safety Availability Quality

Observation 1 – Written records of investigations into unexplained discrepancies do not always include the conclusions and follow-up.

STAQ's response to Observation 1:

16 September 2020 – Initial Response

- Revised SOP322 Rev. C "Deviations and Investigations".

16 October 2020 - Update

- Attachment #11 is the group training form for Revision C, as committed to in the initial response. This will complete our observation response as originally committed.

For example: (1a),

a) An investigation (DEV 20-020, July 2020) concerning the leaking of finished and filled syringes in Ketamine HCL 10 mg/ml, 5 ml in a 5 ml syringe lot 20101057A, discovered during visual inspection of filled drug product, did not fully pursue root cause to determine adequacy of container and closure system integrity for marketed sterile drug products and specifically why filled syringes were found leaking. Per the investigation, "The most probable root cause for product leaking beyond the plunger stoppers in 178 syringes for lot 20101057A is materials [the syringe]." ..." [STAQ] Method and machinery are possible contributing factors..."

STAQ's response to Observation 1a:

16 September 2020 – Initial Response

- The investigation concluded that a specific lot of syringes were a concern regarding leakage.
- All syringes identified with leakages were rejected and not released, as per our 100% Visual Inspection process.
- The specific lot of BD syringes have been quarantined and a complaint (STAQ complaint #1791670) was filed with Becton Dickinson, the manufacturer of the syringes, on 26 August 2020 to request that BD investigate the cause of the failure. This has been the only lot of BD syringes that has resulted in this type of defect.
    - We are awaiting the manufacturer's response. A follow-up to BD will be made if a response is not received within 30 days.
- Simultaneously, CAPA-20-006 has been initiated on 09 September 2020 to continue to investigate and address the leakage issue and determine if additional steps are required by STAQ Pharma. See Attachment 3 for CAPA Initiation Copy.
- An update on CAPA-20-006 will be provided in the first 30-day STAQ Pharma update to this response.

16 October 2020 – Update

- CAPA-20-006 Update:
    - CAPA-20-006 was initiated on 09 September 2020.
    - Investigational test protocol PRT-2020-042 was written and executed to further investigate the root cause of the leaking syringes. The protocol challenged the syringes, filling method, and filling equipment to reproduce the leaking syringe defect.
        - Intentional mishandling of the syringes during the capping process led to a noticeable failure rate.
        - No leaks were observed when the capping process included properly handling the syringe.
        - Leaks were produced in the syringe lot used in Batch #20101057A (9 out of 25), and a randomly selected lot of the same syringe (18 out of 25).
    - The investigation identified additional instructions are necessary to ensure the proper syringe capping process in standard operating procedures.
        - SOP305, Cleanroom Behavior and Aseptic Technique, will be updated to provide guidance and procedures on handling, storage, and transfer of filled syringes.

    - WI200, Operation of Manual Syringe Filler System, will be updated to include instructions on proper capping technique for syringes (e.g. handling only by the syringe barrel and avoiding contact with the plunger).
  - CAPA-20-006 is scheduled for completion by 30 October 2020; notification of closure to be included in next update.
- Batch Release Justification for Batch #20101057A
  - STAQ has a 100% visual inspection process, all leaked syringes were discovered, removed, investigated, and destroyed.
  - All release testing for the Batch met acceptance criteria.
  - Batch released on 02 July 2020.
  - STAQ reviewed and confirmed all Batch release data both prior to release and again, after the Inspection Observation.
  - No customer complaints received to date about leaking syringes.
  - STAQ visually inspected all retained samples for all lots released to date noting none had any leaking issues.
- STAQ Pharma sent Becton Dickinson (BD) a complaint on 26 August 2020 regarding BD 5mL syringe lot 200228-08. Syringe samples from lot 200228-08 were submitted to BD for analysis on 03 September 2020. Becton Dickson communicated to STAQ Pharma via e-mail, on Tuesday, 22 September 2020 and stated that an update will be provided the week of 12 October 2020. If no communication is received by the end of the week of 12 October 2020, STAQ will send a communication to Becton Dickinson on 19 October 2020 requesting an update and status.

16 November 2020 – Update

- CAPA-20-006 has been executed and approved for closure.
  - The root cause identified for the leaked syringes (via protocol PRT-20-042 execution) was improper handling of filled syringes during the capping process when any improper force is applied on a filled syringe plunger that can compromise the plunger stopper.
  - The following corrective actions were implemented:
    - SOP305, Cleanroom Behavior and Aseptic Technique updated to include instructions on handling syringes to ensure proper handling.
    - WI200, Operation of Manual Syringe Filler System updated to include instructions for capping syringes by only handling the barrel of the syringe.
  - An effectiveness check will be executed as per the following:
    - The STAQ Quality Team will confirm that no syringes have leaks at the syringe plunger for the next 10 batches of syringes manufactured after completion of CAPA. Any recurrence of leaking syringes will be investigated to determine the root cause.
    - The STAQ Quality Team will ensure that defects are investigated as per the new form SOP207-F4 "Defect Inspection Form".
  - On 10 Nov 2020, Becton Dickinson (manufacturer of the syringe) sent STAQ a Closure Letter with their summary of their investigation into our leaking syringes complaint. Copy of the letter is attached to the CAPA.
  - Our Investigation process was further enhanced by revising SOP322 to ensure use of quality tools in the investigation process, identifying and evaluating all potential root causes, enacting appropriate corrective actions, and ensuring effectiveness of those actions.
  - See Attachment 14 for closed CAPA and supporting documentation.

For example: (1b)

b) Visual inspection results of filled syringes were found to contain extraneous unidentified visible materials (particles) during 100% visual inspection processes, but no investigation was opened to

identify the foreign materials, determine root cause as to how visible substances are found in a drug that is sterile filtered and containerized/filled in a HEPA filtered (ISO 5) environment, and prevent recurrence. For example, the following lots were found with some syringes containing foreign substances:

i) **Ketamine HCL 10 mg/ml lot 20101057A 5 ml fill in a 5 ml syringe found 7 syringes containing particles in June 2020.**
ii) **Hydromorphone HCL 0.2 mg/ml lot 20104056A 2 ml fill in a 3 ml syringe found 1 syringe containing a particle in June 2020.**
iii) **Morphine Sulfate 1 mg/ml lot 20105064A 2 ml fill in a 3 ml syringe found 1 syringe containing a particle in July 2020.**
iv) **Hydromorphone HCL 0.2 mg/ml lot 20104090A 50 ml fill in a 50 ml syringe found 1 syringe containing a particle in August 2020.**

STAQ's response to Observation 1b:

16 September 2020 – Initial Response

- STAQ Pharma, as part of our 100% visual inspection process (aligned to FDA 503B Guidance and USP 790 "Visual Particulates in Injections"), rejected all syringes identified with particles.
- The visual inspection process, at the time the rejections were completed, did not require any immediate investigation as the identified syringes were immediately rejected.
- We agree that our process requires enhancement to investigate the root cause of identified rejects.
- CAPA-20-005 has been initiated on 31 August 2020 to address and resolve the particle issue listed above and determine if additional steps are required by STAQ Pharma. See Attachment 4 for CAPA Initiation Copy.
    - Additionally, STAQ is evaluating the visual inspection reject process to ensure defects are properly classified, identified, investigated to determine root cause, and resolved.
- An update on CAPA-20-005 will be provided in the first 30-day STAQ Pharma update to this response.

16 October 2020 - Update

- CAPA-20-005 Update:
    - SOP207, Visual Inspection Procedure, Section 7, required enhancement relative to triggering an investigation of particles.
    - SOP207, Visual Inspection Procedure, is under revision. The following updates are included in the revision:
        - Reclassification of defects to ensure the classification level (i.e. critical, major, minor) is commensurate with the risk presented by the defect. Particles are now classified as critical defects.
        - Addition of inspection step for review of critical defects after 100% visual inspection. Investigation and characterization are required for unexplained critical defects, which will be used to drive root cause analysis to eliminate the source of the unexplained critical defect.
    - CAPA-20-005 is scheduled for completion by 30 October 2020; notification of closure to be included in next update.
- Batch Release Justification for Batch #20101057A
    - With 100% visual inspection process, all syringes with particles were discovered, removed, and destroyed per procedure at the time of discovery.
    - All release testing met acceptance criteria.
    - Batch released on 02 July 2020.
    - No customer complaint received to date about syringes with particles.
- Batch Release Justification for Batch #20104056A
    - With 100% visual inspection process, one syringe with particle was discovered, removed, and destroyed per procedure at the time of discovery.

- All release testing met acceptance criteria.
- Batch released on 29 June 2020.
- No customer complaint received to date about syringes with particles.

- Batch Release Justification for Batch #20105064A
  - With 100% visual inspection process, one syringe with particle was discovered, removed, and destroyed per procedure at the time of discovery.
  - All release testing met acceptance criteria.
  - Batch released on 14 July 2020.
  - No customer complaint received to date about syringes with particles.
- Batch Release Justification for Batch #20104090A
  - With 100% visual inspection process, one syringe with particle was discovered and removed to further investigate as per FDA inspectional observation around the time of batch production.
    - Driven by CAPA-20-005, STAQ evaluated all potential laboratory options and expertise on the issue of particle identification. STAQ selected McCrone Associates and the syringe was sent to McCrone Associates (Westmont, IL) on 02 October 2020 for further analysis and to help build our internal reject library. The syringe in question is a DEA controlled substance and therefore required special and specific procedures to be in place at McCrone Associates prior to sending. McCrone Associates has indicated that STAQ will receive a 30-day turnaround of McCrone's analysis.
    - See Attachment 12 for project scope, shipping receipt, and receiving receipt.
  - All release testing met acceptance criteria.
  - Batch released on 21 September 2020.
  - No customer complaint received to date about syringes with particles.

16 November 2020 – Update

- CAPA-20-005 has been executed and approved for closure.
  - The root cause into the absence of investigations of particles observed in lots 20101057A, 20104056A, 20105064A, and 20104090A was that the visual inspection program only triggered investigations if the overall defect rate exceeded 10%. This has been changed as is noted below.
  - The following corrective actions were implemented:
    - SOP207, Visual Inspection Procedure, revised to ensure all defects are investigated. Quality Unit inspection and investigation of all defects will occur via new form, SOP207-F4, Defect Inspection Form.
    - The STAQ Quality Team is building a defect library using analysis reports from an external laboratory. McCrone's Associates has been selected to help with initial particle identification, when appropriate.
  - An effectiveness check will be executed as per the following:
    - The STAQ Quality Team shall verify that defects found at visual inspection are investigated in the first 10 batches after SOP207 revision D is made effective. Batch records and deviation initiation reports will be reviewed to confirm.
    - The STAQ Quality Team will ensure that defects are investigated as per the new form SOP207-F4 "Defect Inspection Form".
  - Our Investigation process was further enhanced by revising SOP322 to ensure use of quality tools in the investigation process, identifying and evaluating all potential root causes, enacting appropriate corrective actions, and ensuring effectiveness of those actions
  - See Attachment 15 for closed CAPA and supporting documentation.

Observation 2 - Procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the aseptic process.

For example: (2a)

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a) The Smoke Study performed in Production Room D is not adequate to show production areas have unidirectional airflow, as the Study shows detection of some instances where there is turbulence.

I) The Smoke Study in the ISO 5 hood in Room D shows that air (smoke) rises towards the ceiling in areas adjacent to the ISO 5 Hood instead of cascading towards the floor where uptakes are located, indicating turbulence instead of unidirectional airflow. Turbulence is also indicated in areas where ISO 5 air meets ISO 7 air.

II) The ISO 7 area, where the ISO 5 hood is located, was not fully included in the Smoke Study to demonstrate air flow adequacy and impact on the ISO 5 environment. The hood generates horizontally directed (ISO 5) air and is open to the ISO 7 environment which produces vertically (downward) flowing air.

The Smoke Study video shows the following from the hood in Production Room D:

i) At 00:37-00:40 there is turbulence
ii) At 00:50-00:54 there is turbulence
iii) At 01:33-01:47 there is air rising upwards
iv) At 02:03-02:07 there is turbulence

STAQ's response to Observation 2a:

16 September 2020 – Initial Response

- While we believe the provided smoke studies (via Protocol # PRT-2019-0059.A-FR) were adequate, performed under dynamic conditions, and demonstrated adequate airflow with no ingress back into ISO 5 space, we agree that it would be beneficial to have smoke studies in the ISO 7 room to provide additional evidence that the ISO 5 environment is not disrupted by any air flow from the ceiling HEPA filters.
- We have scheduled new smoke studies which will be executed the week of 14 September 2020; with smoke study videos finalized by mid-October 2020.
- We will provide a final report of these studies, along with the appropriate analysis, no later than 31 October 2020.

16 October 2020 - Update

- STAQ has scheduled smoke studies with an out-of-state company called Accutek. Due to scheduling conflicts, they are scheduled to video our production room D the week of 26 October 2020. We intend to use that work to finalize our final report tentatively on or before 31 Oct 2020 as originally scheduled. We will send a final response on this observation (including final report and associated video) during our 16 November 2020 update.

16 November 2020 – Update

- STAQ has re-executed its smoke studies via Protocol PRT-20-045 "Dynamic Smoke Study Visualization of Manual Syringe Filling Process in Production Room D (RM 144)".
- Smoke Study Final Report (PRT-20-045.A-FR), and video, confirms:
  - ISO 5 hood is operating properly;
    - Unidirectional air flows from the ISO 5 HEPA face, across the processing area, to the ISO 7 room, as designed. (see video – Activity 1)
    - After exiting the ISO 5 hood, horizontally moving air is directed downward toward the low-wall returns by the ceiling-mounted HEPA filters in the ISO 7 room. (see video – Activity 1)
  - Smoke study videos indicate the unidirectional air flows into the ISO 7 space and does not reflux back into the ISO 5 (see video – Activity 2)

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- See Attachment 16, Smoke Study Final Report (PRT-20-045.A-FR), for the full conclusions.
- See Attachment 17 for Smoke Study Video (USB drive sent directly to Capt. Dionne).

For example: (2b)

b) Transfer of items from ISO 7 to ISO 5 are transferred directly, not fully in an aseptic manor. For example, the formulation bag, syringes and caps are transferred directly without an aseptic step at the point of transfer from ISO 7 to ISO 5.

STAQ's response to Observation 2b:

16 September 2020 – Initial Response

- STAQ agrees that this transfer could be improved, however the following should be noted:
  - For all items entering the ISO 7 room, there is an aseptic wipe down in the pass through to the ISO 7 room.
  - The items prior to entry to the ISO 5 environment are again wiped with a sterile IPA wipe. The issue which we agree can be improved is that this wipe down is taking place as the secondary operator is moving the item from the stainless steel table to the ISO 5 environment (all within the ISO 7 room) and not directly adjacent to the ISO 5 hood.
- STAQ has revised SOP305 Rev. B "Cleanroom Behavior and Aseptic Technique" effective on 9/1/20.
  - The SOP was revised to specify the wiping of items going from ISO 7 to the plane of ISO 5 area (with a sterile wipe saturated with sterile 70% IPA) shall occur in immediate proximity to ISO 5.
  - The revised SOP is attached in Attachment 5 – SOP305 Rev. B "Cleanroom Behavior and Aseptic Technique".

16 October 2020 - Update

- Attachment 11 is the group training form for Revision B, as committed to in the initial response. This will complete our observation response as originally committed.

For example: (2c)

c) Your media fills were not performed under the most challenging or stressful conditions. For example: Media Fill (Process Simulation) does not include processing media in the formulation/mixing bag (a process step prior to sterile filtering).

STAQ's response to Observation 2c:

16 September 2020 – Initial Response

- STAQ followed the Parenteral Drug Association's *Points to Consider for Aseptic Processing, Part 2, May 2016* (Attachment 6) which states "The aseptic process simulation begins post-sterilization of materials and components…".
- However, STAQ agrees that incorporating the formulation bag into the Media Fill (Process Simulation) would be a process improvement, and as such, has revised:
  - SOP304 Rev. B "Aseptic Process Simulation (Media Fill)" has been revised accordingly to incorporate the formulation bag. See Attachment 7 for the revised document.
  - This change will be implemented during the next Aseptic Media Fill (Process Simulation), which is scheduled for February 2021.

16 October 2020 – Update

- Attachment 11 is the group training form for Revision B, as committed to in the initial response. This will complete our observation response as originally committed.

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Observation 3 - Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

For example: (3a)

a) Media plates used for detecting microbes (in ISO 5 hood areas during filling) with active air sampling do not contain neutralizing agents to ensure detection and growth of microbes in the presence of disinfecting agents utilized in the filling room.

STAQ's response to Observation 3a:
16 September 2020 – Initial Response

- STAQ utilizes plates containing neutralizing agents for surface sampling, fingertip sampling, and gowning sampling (via RODAC plates) and for glove sampling (via 100mm plates).
- While STAQ agrees on the contact plates (gloves, personnel and surface) having the appropriate neutralizers and we do incorporate such neutralizers, we are unaware of any guidance or regulation that would require such neutralizer in the stationary air sampler in the ISO 5 environment.
- Having said that, we are moving to incorporate such plates in the stationary sampler with neutralizer. We anticipate this will be incorporated by 01 October 2020. We will further advise on the exact timing in the first 30-day update to this response.

16 October 2020 - Update

- STAQ is currently utilizing plates containing neutralizing agents for viable air sampling; as committed to in the initial response. This will complete our observation response as originally committed.

For example: (3b)

b) There is no environmental monitoring of aseptic setup in ISO 5 hood areas, i.e. no viable (air and personnel) and no particle monitoring.

STAQ's response to Observation 3b
16 September 2020 – Initial Response

- STAQ adheres to FDA 503B CGMP Revised Draft Guidance, as stated in Line 401, "*Include at least daily monitoring of the ISO 5 zone during operations*" and conducts continuous monitoring throughout the aseptic processing of product.
- STAQ has re-reviewed our current process to verify that all aseptic activities are included in our environmental monitoring of the batch and have determined that our terminal filling connection (during setup) would be appropriate for inclusion in our environmental monitoring for each commercial batch.
- We will revise all batch records, to include this change, by 30 September 2020. We will provide the documentation in the first 30-day update to this response.

16 October 2020 - Update

- STAQ has revised all batch records to include the terminal filling connection in our environmental monitoring for each commercial batch. Attached (see Attachment 13) are copies of pages in STAQ batch records that applies to this issue. This will complete our observation response as originally committed.

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Observation 4 - Aseptic processing areas are deficient regarding the system for cleaning and disinfecting the room and equipment to produce aseptic conditions.

Specifically, classified area disinfecting procedures (SOP 201 Classified Area Cleaning) do not ensure contact times are accomplished, there is no contact time established for isopropyl alcohol (IPA), and there is nothing in the procedure determining how much area can be wiped with a single mop surface or hand wipe surface. For example, it was observed on 8/27/2020, as a regular practice, that the Operator used the same hand wipe surface to disinfect multiple production surfaces within the same ISO area.

STAQ's response to Observation 4

16 September 2020 – Initial Response

- STAQ Pharma's SOP201 (Rev. C) "Classified Area Cleaning" does include contact times for cleaning products we currently use.
- As for the contact time for Isopropyl Alcohol (IPA), we are consistent with aseptic process for gloves by stating "until dry".
  - Additionally, the primary operator (who is operating within the ISO 5 space) must sanitize his or her sterile gloves with sterile IPA every time the gloved hands exit the ISO 5 space. The gloves are thoroughly wetted. The gloved hands are then rubbed together to dry the gloves (avoiding rapid movements). Once dry, the operator can then return to ISO 5 space.
- STAQ has initiated CAPA-20-007 on 10 September 2020 to further evaluate our current cleaning process related to contact times and wiping process and determine if additional steps are required by STAQ Pharma.
- See Attachment 8 for CAPA Initiation Copy.
- An update on CAPA-20-007 will be provided in the first 30-day STAQ Pharma update to this response.

16 October 2020 - Update

- CAPA-20-007 Update:
  - CAPA is on-going and we expect to complete by the end of November 2020.
  - STAQ has involved manufacturers of the cleaning products in its CAPA work to confirm appropriate contact times for each cleaning agent as used in the facility and the environment it is used in (e.g. ISO 5, ISO 7, ISO 8, etc.).
  - STAQ is developing an investigational test protocol to evaluate surface area and contact time in order to:
    - Verify contact times can be consistently achieved.
    - Verify the amount of surface area that can be wiped with a single mop surface and hand wipe.
  - The investigational test protocol will be executed, evaluated and results included in CAPA-20-007.

16 November 2020 – Update

- We intend to finalize CAPA-20-007 on or before our 16 December 2020 update as committed to in the 16 October 2020 update.

16 December 2020 – Update

- STAQ has finalized CAPA-20-007 and has revised SOP201 "Classified Area Cleaning" to include cleaning agents that had contact times confirmed via protocol study.
  - New procedural steps in SOP201 include the implementation of study verified minimum contact times.
- Additionally, SOP201 "Classified Area Cleaning" has been revised to include appropriate surface area to be wiped for both mops and hand wipes.
  - SOP201 "Classified Area Cleaning" also references work instruction, WI208 "Operation of the Laminar Flow Hoods". WI208 includes detailed information on ISO5 cleaning and has been revised to include appropriate surface area to be wiped.

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Safety Availability Quality

- See Attachment 18 for finalized CAPA-20-007, revised SOP201, revised WI208, and associated personnel training form.

Observation 5 - The labels of your outsourcing facility's drug products are deficient. The templated labels received of your outsourcing facility's drug products does not include information required by section 503B(a)(10)(A) and 503B(a)(10)(B).

Specifically, the dosage form of the product, such as "Injection" for the IV formulations, was missing. Some examples include:

1. **Fentanyl Citrate 100 mcg/2ml**
2. **Fentanyl Citrate 250 mcg/5ml**
3. **Fentanyl Citrate 1000 mcg/20ml**
4. **Hydromorphone HCL 0.4mg/2ml**
5. **Hydromorphone HCL 2mg/10ml**
6. **Ketamine HCL 50mg/5ml**
7. **Ketamine HCL 30mg/3ml**
8. **Midazolam 2mg/2ml**
9. **Midazolam 25mg/25ml**
10. **Morphine Sulfate 2mg/2ml**
11. **Morphine Sulfate 5mg/5ml**

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STAQ's response to Observation 5

16 September 2020 – Initial Response

- STAQ has updated the primary and secondary labels to include the dosage form ("injection") on all primary and secondary labels.
- See Attachment 9 for revised labels for all products listed above.
- All new orders placed for label stock, for all products, will incorporate the dosage form update.
- SOP311 Rev. C "Label Generation and Approval" was updated to clarify that dosage and administration are required for primary labels. See revised SOP in Attachment 10.

16 October 2020 – Update

- Attachment 11 is the group training form for Revision C, as committed to in the initial response. This will complete our observation response as originally committed.

Regarding the overall response, our intent is to continue to provide the FDA with an electronic update to this response every 30 calendar days until all commitments have been completed. Remaining updates will focus on Observations 1a, 1b, 2a, and 4. Our continued response will have attachments to demonstrate the implementation of the above changes.

Sincerely,

S·T·A·Q PHARMA

Safety | Transparency | Availability | Quality

Anil Mathai
Vice President - Quality and Regulatory Compliance

Copies: Joe Bagan – CEO
Mark Spiecker – President
Jeff Hval – COO/Chief Pharmacist
Michael Charles – FDA Investigator

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16

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☑ Partnership - Pages 1,2,6,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Parkway Recovery Care Center, LLC

Physical Address: 100 North Green Valley Parkway, Suite 330

City: Henderson State: NV Zip Code: 89074 Telephone:

702-826-5801 Fax: _____ Toll Free Number: _____

E-mail: jmidgette@uspi.com

Website: parkwayrecoverycarecenter.com

Managing Pharmacist: Mary Grear, RPh License Number: 10687

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

Eric Boon

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

Eric Boon — Print Name of Authorized Person

5/21/2021 — Date

Board Use Only Date Processed:_____ Amount: 500 / Check # 1094125820 ✓ Processed 9/21/21

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: Eric Boon on behalf of Dignity/USP Las Vegas Surgery Centers, LLC %: 76.46

Name: John Baldauf, MD %: 8

Name: Rodger Fontes, MD %: 4

Name: Robert Tait, MD %: 3

Partnership Name: Parkway Recoery Care Center, LLC

Mailing Address: 100 N. Green Valley Parkway, suite 330

City, State Zip Code: Henderson, NV 89074

Telephone Number: (702) 970-5225 Fax Number: _____

Contact Person: Jeana Midgette

List any physician shareholders and percentage of ownership.

Name: John Baldauf, MD %: 8

Name: Rodger Fontes, MD %: 4

Name: Robert Tait, MD %: 3

Hours of Operation for the pharmacy:

Monday thru Friday 6 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours Type text here

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, Eric Boon

Responsible Person of Parkway Recovery Care 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.

Eric Boon

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

Eric Boon
Print Name of Authorized Person

5/12/21
Date

Type text here

Managing Pharmacist

Pharmacist Name: Mary Grear, RPh License #: 10687

Pharmacy Name: Parkway Recovery Care 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: NV Date: Apr 2002 Case #: 02-036-RPH-S

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

4/16/2021
Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 04/29/21

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 Pharmacy License
Nature of License

Parkway Recovery Care Center, LLC 100 North Green Valley Parkway, Suite 330, Henderson, NV 89074
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Boon	Eric	Brandon
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] N. 94th Place	Scottsdale	Arizona, 85255
Present Residence Address-Street or RFD	City	State/Zip
5415 E. High Street 02/19 - current Dates	Scottsdale	Arizona 85255
Present Business Address	City	State/Zip

Healthcare Dates
Occupation

Phone: Residence [redacted]
Business 480-567-0269

[redacted]	Rochester, Monroe County, NY
Date of Birth	Place of Birth (City, County, State)

36	[redacted]	M
Age	Social Security Number	Sex

Blue	Brown	White	170	Medium	5'7"
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 EBB CRB

MARITAL INFORMATION-Continued

A. **Current Marriage** November 10, 2007 (Date) Plano, Collin County, Texas (City, County and State)

Spouse's full name (Maiden) Patrician Anna Cleary S.S. No. [redacted]

Date of Birth [redacted] Place of Birth Plano, TX

Resident address [redacted] N. 94th Place (Street) Scottsdale (City) Arizona (State) 85255 (Zip)

Telephone: Residence [redacted] Business 480-567-0269

Spouse's employer N/A Occupation N/A

Address of employer N/A (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Eleanor Davis Boon	[redacted]	Dallas, TX	[redacted] N. 94th Place, Scottsdale, AZ 85255
Charles Meyer Boon	[redacted]	Frisco, TX	[redacted] N. 94th Place, Scottsdale, AZ 85255

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 EBB CBB

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Merle Thomas Boon	[redacted]	[redacted] Martel Ave., Dallas, TX 75206	Healthcare
Mother			
Debra Lynne Boon	[redacted]	[redacted] Martel Ave., Dallas, TX 75206	N/A
Father-in-Law			
James Cleary	[redacted]	[redacted] Fawnwood Dr., Plano, TX 75093	N/A
Mother-in-Law			
Katherine Cleary	[redacted]	[redacted] Fawnwood Dr., Plano, TX 75093	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
Ashley Watford	[redacted]	Unknown	Teacher
Spouse Brian Watford	Unknown	Unknown	Unknown
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	TASIS England / Brinker Elementary / Renner Middle / Shepton High School		1989 - 1999	Yes ☒ No ☐
High School	Plano West Senior High School	Plano, TX	1999-2003	Yes ☒ No ☐
College University	Southern Methodist University	Dallas, TX	2003-2007	Yes ☒ No ☐
Other	Southern Methodist University, MBA	Dallas, TX	2009-2011	Yes ☒ No ☐

Type of degree obtained, if any BBA, MBA

College or university where obtained Southern Methodist University

Applicant's initial EBB

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 Dallas State Texas Date registered Unknown

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 EBB .....

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

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
03/18 - Present	[redacted] N. 94th Place	Scottsdale	Arizona / Maricopa
07/15 - 03/18	1621 Watch Hill Drive	Plano	Texas / Collin
02/11 - 07/15	6418 Anita Street	Dallas	Texas / Dallas
08/04 - 02/11	5424 Martel Ave	Dallas	Texas / Dallas
02/93 - 08/04	5025 Sail Creek Drive	Plano	Texas / Collin

Applicant's initial EBB

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
02/18 - Present	USPI 5415 E. High Street, Suite 325, Phoenix, AZ 85054	
Title	**Description of Duties**	**Name of Supervisor**
RVP / Market President	Operations	Brett Brodnax

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/15 - 02/18	Baylor Scott & White - Centennial - 5601 Warren Parkway, Frisco, TX 7034	Promotion
Title	**Description of Duties**	**Name of Supervisor**
Chief Operating Officer	Operations	Jay Krishnaswamy

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/111 - 05/15	Doctors Hospital at White Rock Lake - 9440 Poppy Drive, Dallas TX 75218	Promotion
Title	**Description of Duties**	**Name of Supervisor**
Associate Admin / Interim COO	Operations and Strategy	Jay Krishnaswamy

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2008 - 09/11	Lake Point Medical Center 6800 Scenic Drive, Rowlett, TX 75088	Promotion
Title	**Description of Duties**	**Name of Supervisor**
Director	Sales / Strategy	Jeff Patterson

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sewell Automotive	3860 W. Northwest Highway, Suite 104, Dallas, TX 75220	Career Progression
Title	**Description of Duties**	**Name of Supervisor**
Intern / Sales	Operations	David Hudson

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 EBB

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 Jay Krishnaswamy	Home	[redacted] Wesley Drive, Allen TX 75013			[redacted]	7
Employer	Business					
Name Jeff Patterson	Home	[redacted] Colony Creek Drive, Nacogdoches, TX 75965			[redacted]	13
Employer	Business					
Name Noah Clevenger	Home					
Employer USPI	Business	3601 N. Calais St., Sherman TX 75090			940-390-8798	5
Name Charles Mangum	Home				[redacted]	12
Employer	Business	Lake Point Medical Center [redacted] Scenic Drive, Rowlett, TX 75088				
Name Collin Lemaistre	Home				[redacted]	
Employer	Business	14201 Dallas Parkway, Dallas, TX 75254				5

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 EBB

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 ☐

Pharmacy licensures for ASCs and Surgical Hospitals across Arizona, New Mexico, California, Oregon, Washington, and Montana given my position as market president for 60+ facilities

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

Date of photograph 5/12/21

Applicant's initial EBB

STATE OF Nevada
ss.
COUNTY OF Clark

I, ERIC BOON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Eric Boon
Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of May 2021

Stephanie Morgan
Notary Public

(seal)

STEPHANIE MORGAN
Notary Public, State of Nevada
No. 10-2456-1
My Appt. Exp. Feb. 18, 2024

Applicant's initial EBB

ADDITIONAL INFORMATION

Applicant's initial EJ

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/1/21

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 hereinn 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 Recovery Care Center
Nature of License

100 N. green valley parkway suite 330 Henderson NV 89074
Name and Address of Establishment for Which License Is Requested

Parkway Recovery Care Center
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name BALDAUF | First Name JOHN | Middle Name M

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD [redacted] MENIOR DR | City HENDERSON | State/Zip NV 89002
Dates SEPT 2016 - PRESENT

Present Business Address 2930 W. HORIZON RIDGE PKWY | City HENDERSON | State/Zip NV 89052
Dates JUN 2004 - PRESENT

Occupation ORTHOPAEDIC SURGEON | Phone: Residence [redacted] | Business

Date of Birth [redacted] | Place of Birth (City, County, State) TUCSON AZ PIMA COUNTY

Age 58 | Social Security Number [redacted] | Sex M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BROWN	BROWN	W	210		6'0

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☑ Widowed ☐ Engaged ☐

Applicant s initial

MARITAL INFORMATION-Continued

A. **Current Marriage** NA
Date City, County and State

Spouse s full name (Maiden) S.S. No

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
TAMRA JADAVE	APR 2008	MAR 1994		

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
JAKE JADAVE	~~11-5-20~~		[redacted]
JOE JADAVE	~~8-21-2~~		[redacted]

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

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☑ No ☐

Branch USAF Date of entry-active service 1988

Date of separation 2004 Type of discharge HONORABLE

Rating at separation LT COL 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 PIMA State AZ 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
1992		CRIMINAL MISCHIEF	TAMPA, FL	NO CONTEST	NA

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
SEPT 2016 - PRESENT	[redacted] TRENNIUL DR	HENDERSON, NV	CLARK COUNTY, NV
NOV 2003 - 2016	22 CHERRY PASS	HENDERSON NV	" " "
1998 - 2003	~~5910~~ 5121 ROYAL RALLY	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
Jul 2004	DESERT ORTHOPAEDIC CENTER	STILL THERE
Title	**Description of Duties**	**Name of Supervisor**
	SURGEON	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jul 1990	UNITED STATES AIR FORCE	COMPLETED COMMITMENT
Title	**Description of Duties**	**Name of Supervisor**
	SURGEON	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jul 1988	TULANE UNIVERSITY	CHANGED RESIDENCY
Title	**Description of Duties**	**Name of Supervisor**
	RESIDENT	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jul 1984	~~Tulane~~ THOMAS JEFFERSON UNIVERSITY	GRADUATED
Title	**Description of Duties**	**Name of Supervisor**
	STUDENT	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jul 1980	UNIVERSITY OF ARIZONA	GRADUATED
Title	**Description of Duties**	**Name of Supervisor**
	STUDENT	

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 CARLA ERREDONDO	Home	[redacted]			N. 101 AVE WEST DAKOTA, IA	11
Employer STRYKER	Business	MEDICAL IMPLANTS				
Name ROGER FONTES	Home	UNKNOWN				
Employer DESERT ORTHOPAEDICS	Business	ORTHOPAEDICS				
Name BILL MORROW	Home	SAN ANTONIO TEXAS				
Employer UNKNOWN	Business	CHURCH SOUTH				
Name LEON BRANDON	Home	CHEROKEE DRIVE HENDERSON NV				
Employer SELF	Business	CAN				
Name DARCY DAHLUM	Home	HENDERSON, NV				
Employer SELF	Business	VISION QUEST ASSIGNED				

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

NEVADA 1998 - PRESENT LOUISIANA 1988 - 1998
ARIZONA 1998 - PRESENT
CALIFORNIA 1998 - 2000

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.

MINAVISTA ASSISTED LIVING TUCSON AZ
AZ DEPT OF HEALTH AND HUMAN SERVICES

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

Applicant s initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	NA	[redacted]	LEONARD C BALDAUF, MD TUCSON, AZ	DECEASED DOCTOR
Mother		[redacted]	MULVEENA M. BALDAUF, TUCSON, AZ	DECEASED HOUSEWIFE NURSE
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
	NA			
Spouse	KENNETH JAMES BALDAUF -	[redacted]	TUCSON, AZ	PHYSICAL THERAPIST
	NO SPOUSE			
~~Spouse~~	KATHY M. BALDAUF	[redacted]	TUCSON, AZ	REALTOR
	NO SPOUSE			
~~Spouse~~	JEFF ALAN BALDAUF	[redacted]	TUCSON, AZ	UNEMPLOYED
	NO SPOUSE			
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	CRAGIN	TUCSON	1967-1976	Yes ☑ No ☐
High School	CATALINA HIGH SCHOOL	TUCSON	1976-1980	Yes ☑ No ☐
College University	UNIVERSITY OF ARIZONA	TUCSON	1980-1984	Yes ☑ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any MEDICAL DEGREE

College or university where obtained JEFFERSON MEDICAL COLLEGE

Applicant s initial

STATE OF Nevada
ss.
COUNTY OF Clark

I, Jocelyn Marie Brady, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 30 day of April

Jocelyn Marie Brady

Notary Public

(seal)

JOCELYN MARIE BRADY
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 19-4356-01
MY APPT. EXPIRES AUGUST 21, 2023

Applicant s initial

ADDITIONAL INFORMATION

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 4/27/21

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 Recovery Care Center
Nature of Pharmacy or Wholesaler

100 N. Green Valley Parkway Suite 330 Henderson NV 89074
Name and Address of Business for Which Designated Representative Is Requested

Parkway Recovery Care Center
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Tait	Robert	Jackson
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Hassayampa Trail	Henderson	NV 89052
Present Residence Address-Street or RFD	City	State/Zip
10561 Jeffreys St. #230 Dates	Henderson	NV 89052
Present Business Address	City	State/Zip

Dates
Present Position with the Pharmacy or Wholesaler

Phone:
Residence
Business 702-565-6565

[redacted]	Lancaster, CA
Date of Birth	Place of Birth (City, County, State)

62	[redacted]	M
Age	Social Security Number	Sex

HAZEL	BROWN	FAIR	200	Standard	6'2"
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 RRT

MARITAL INFORMATION-Continued

A. **Current Marriage** August 7th, 1990 (Date) SALT LAKE CITY, UT +COUNTY (City, County and State)

Spouse's full name (Maiden) Kimberly Dunn S.S. No

Date of Birth [redacted] Place of Birth BOSTON, MA..

Resident address [redacted] Hassayampa Trail (Street) Henderson (City) NV (State) 89052 (Zip)

Telephone: Residence [redacted] Business N/A

Spouse's employer N/A Occupation HOMEMAKER.

Address of employer N/A (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Hillary Anne Tait	[redacted]	OMAHA, NE	[redacted] So. Texas St. SLC UT 84108
JACKSON LOREN TAIT	[redacted]	OMAHA, NE	[redacted] SW Garrison Ln #1, BENTONVILLE AR 72712
ANN ELISE TAIT	[redacted]	HENDERSON, NV	[redacted] HASSAYAMPA TRL. HENDERSON NV 89052
LILY SHARON TAIT	[redacted]	"	" " " " " "

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 KT

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	DAN R. TAIT	[redacted]	[redacted] Calliste AVE, LIVERMORE, CA	ELECTRICAL ENGINEER
Mother	ELLEN J. TAIT	[redacted]	" " " " "	R.N.
Father-in-Law	LOREN C. DUNN	[redacted]	Deceased.	
Mother-in-Law	FRANCES. S DUNN	[redacted]	[redacted] WN. 2450 N # 310 PROVO, UT 84604	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
	JANET (TAIT) TIMOTHY	[redacted]	[redacted] Copper Pot LN, WEST JORDAN, UT	OFFICE ADMINISTRATOR
Spouse	CRAIG (DECEASED)	UNKNOWN	" " " " "	"
	ELIZA BETH (TAIT) SPEED	[redacted]	[redacted] W. 460 S. PROVO, UT	SALES CLERK
Spouse	RON SPEED.	UNKNOWN	" " "	I.T. TECHNICIAN
	WILLIAM TAIT	[redacted]	[redacted] CANDLE WOOD PARK LN.	RETIRED BUSINESS
Spouse	MARY (PALMER) TAIT	UNKNOWN	KATY, TX 77494	N/A
	KATHLEEN (TAIT) LIFFERT	[redacted]	DOVE FIELD CT.	HOMEMAKER
Spouse	GEOFF LIFFERT	UNKNOWN	Brentwood, TN 37027	ER PHYSICIAN

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	EMMA C. SMITH	LIVERMORE, CA		Yes ☒ No ☐
High School	Granada High School	Livermore, CA	1972 - 1976	Yes ☒ No ☐
College University				Yes ☒ No ☐
Other	BYU	Provo, UT	1980 - 1984	Yes ☐ No ☐

Type of degree obtained, if any M.D. Medical College of Wisconsin

College or university where obtained " " " "

Applicant's initial KM:

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 ☐ MALPRACTICE CASE. see attached

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 ..... RJT.

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) malpractice - see attached-
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
9/95-9/02	220 CHESTNUT RIDGE CIR.	HENDERSON	NV 89052
9/02 to Current.	[redacted] HASSAYAMPA TRL.	HENDERSON,	NV 89052

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.

N/A - Practicing Physician with Prescriptive authority.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial .....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Jeff Burr	Home	UNKNOWN				20
Employer Jeff Burr law firm	Business	2600 Paseo Verde #200	Hend	NV	89074	702-433-4455
Name Shawn King	Home	[redacted] Golf Crest Ct	Hend,	NV	89052	26
Employer Garnett & King	Business	2600 Paseo Verde #250	Hend.	NV	89074	702-433-1040
Name Steve Scow	Home	[redacted] Winter Cliffs St.,	Henderson,	NV	89052	15
Employer Koch & Scow	Business	11500 Eastern #210	Henderson	NV	89052	702-318-5040
Name David Koch	Home	[redacted] Calanques Terr,	Hend,	NV	89044	15
Employer Koch & Scow	Business	11500 Eastern #210	Henderson	NV	89052	702-318-5040
Name Kristen O'Conner	Home	UNKNOWN				6
Employer USPI	Business	14101 Dallas Pkwy,	Dallas	TX	75254	972-713-3500

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor ←	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

NV - 1995 - present

MA - 1994-95 NE 89-94

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial KT

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 ☒

STATE OF Nevada
ss.
COUNTY OF Clark

I, Robert J. Tait, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Robert Tait
Original Signature of Applicant

Subscribed and Sworn to before me this 22nd day of April 2021

Notary Public

(seal)

RODNEY D. HOER
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-22-2025
Certificate No: 96-6147-1

Applicant's initial RJT

ADDITIONAL INFORMATION

Applicant's initial

Dignity Health
St. Rose Dominican

Regardless of whether you have had any claims, this form must be signed and dated.

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case that has resulted in a judgement, a settlement, final disposition or is pending since your last reappointment. PROVIDE A COPY OF THE LEGAL COURT DOCUMENTATION FOR ALL CASES

Practitioner Name Robert J. Tait

1. Patient Name [redacted]
2. Diagnosis CD CTS
3. Your involvement in the case (attending, consulting, etc.) Attending
4. Allegation(s) Damage to median nerve
5. Clinical Case Summary (Include additional pages or inserts if necessary) Patient developed RSD of unknown origin causing damage to median nerve. Patient did not seek treatment for RSD as instructed by Dr. Tait
6. Patient Outcome Median Nerve Damage
7. Other Pertinent Details Nerve Damage is a known complication of carpal tunnel surgery and RSD is a known cause of nerve damage - Case was dismissed Then appealed
8. Date of Incident 12-21-12 Date Filed 3-6-14 Date Closed Pending
9. Resolution of Case **NOTE: Please provide legal documentation.**
   Pending settlement - Was dismissed on 4-6-2017
   Patient filed an appeal that is currently pending
10. Settlement amount paid on your behalf, if any Pending
11. Professional liability insurer involved:
    A. Name of Insurer Pro Assurance
    B. Address of Insurer 1002 Deming Way Madison, WI 53717
    C. Policy Number [redacted]

RECEIVED
APR 27 2020
MEDICAL STAFF

Name: Robert J. Tait

Signature [signature] **Date** 4/23/20

☒ **No claims to report** that are new in last 2 years

Approved by MEC 2/3 & 2/4/2011
Approved by BOT 3/31/11

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Robert Tait

1. Patient Name [redacted]
2. Diagnosis (R) Hip OA
3. Your involvement in the case (attending, consulting, etc.) Attending
4. Allegation(s) leg length discrepancy following total hip replacement
5. Clinical Case Summary (Include additional pages or inserts if necessary)
   Patient had a leg length discrepancy follow a THA
6. Patient Outcome required revision surgery.
7. Other Pertinent Details known complication of THA surgery
8. Date of Incident 6/04 Date Filed 7-10/06 Date Closed 12-23-08
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   settled 100k
10. Settlement amount paid on your behalf, if any
    $100,000
11. Professional liability insurer involved:
    A. Name of Insurer MLAN B. Policy # 05-00372
    B. Address of Insurer
    7251 Lake Mead ste. 270 Las Vegas NV 89128

Name: MLAN.

Signature _____ **Date** 1-29-16

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Robert Tait

1. Patient Name [redacted]
2. Diagnosis ankle fracture
3. Your involvement in the case (attending, consulting, etc.) attending
4. Allegation(s) wrongful death 2° to improper care
5. Clinical Case Summary (Include additional pages or inserts if necessary)
   Patient died at home one day post-op. plaintiff alleges death 2° to untreated sleep Apnea
6. Patient Outcome death due to undiagnosed chronic Cor Pulmonale
7. Other Pertinent Details
8. Date of Incident 12-27-00 Date Filed 12-24-02 Date Closed 10/2004
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   Settled by advice of Attorney to avoid prolonged litigation
10. Settlement amount paid on your behalf, if any
    $47,500 court costs
11. Professional liability insurer involved:
    A. Name of Insurer MLAN B. Policy # 02-00372
    B. Address of Insurer
    7251 W. Lake mead Blvd ste. 270 Las Vegas NV 89128

Name: MLAN.

Signature _____ **Date** 1-29-16

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Robert Tait

1. Patient Name [redacted]
2. Diagnosis AVN -
3. Your involvement in the case (attending, consulting, etc.) attending
4. Allegation(s) That the physician used wrong size of prosthetic causing leg length discrepancy
5. Clinical Case Summary (Include additional pages or inserts if necessary)
   AVN required THA resulted in known complication of leg length discrepancy
6. Patient Outcome leg length discrepancy
7. Other Pertinent Details AVN requires slightly larger prosthetic which can cause small leg length discrepancy
8. Date of Incident 8/1/00 Date Filed 9/6/00 Date Closed 8/8/02
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   dismissed
10. Settlement amount paid on your behalf, if any
    0
11. Professional liability insurer involved:
    A. Name of Insurer Travelers B. Policy # 55/6CA087
    B. Address of Insurer

Name: RTA

Signature _____ **Date** 1-29-16

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 04/21/2021

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.

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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 Recovery Care Center
Nature of License

100N Green Valley Parkway Suite 330, Henderson, NV 89074
Name and Address of Establishment for Which License Is Requested

Parkway Recovery Care Center
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Fontes, Jr.	Roger	Alfred

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
[redacted] Foothills Village Drive	Henderson	NV, 89012

Present Business Address	Dates	City	State/Zip
2800 E. Desert Inn Rd, Ste. 100, Las Vegas, NV 89012	July 2014 - present	Las Vegas	89121

Occupation	Dates	Phone:
Orthopedic Surgeon		Residence [redacted]
		Business 702 731-1616

Date of Birth	Place of Birth (City, County, State)
[redacted]	Glendale, California

Age	Social Security Number	Sex
55	[redacted]	

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	Medium/Olive	165 lb	Athletic	5'11"

Scars, tattoos or distinguishing marks and/or characteristics Tattoo on right ankle

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.....

If naturalized, certificate No..... Date.....

Place..... (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial.....

MARITAL INFORMATION-Continued

A. **Current Marriage** October 8, 2005 (Date) Henderson, Clark, Nevada (City, County and State)

Spouse's full name (Maiden) Amy Lund S.S. No. [redacted]

Date of Birth [redacted] Place of Birth Fremont, CA

Resident address [redacted] Foothills Village Drive (Street) Henderson (City) NV (State) 89012 (Zip)

Telephone: Residence [redacted] Business

Spouse's employer Self Occupation Graphic Designer

Address of employer 1509 Foothills Village Drive (Street) Henderson (City) NV (State) 89012 (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
Lora Eichner	6/1997	St Louis May, 1993	Divorce	San Fransisco

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Lora Eichner	Unknown				

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Cooper Fontes	[redacted]	Henderson, NV	[redacted] Foothills Village Dr., Henderson, NV, 89012
Delaney Fontes	[redacted]	Henderson, NV	[redacted] Foothills Village Dr., Henderson, NV, 89012

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 [initials]

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Roger Fontes Sr.	[redacted]	[redacted] Malulani Drive, Kailua-Kona, HI 96740	Retired/CEO
Mother	Leslie Newton	[redacted]		Deceased /Lawyer
Father-in-Law	Kelly Lund	[redacted]	[redacted] Queens Park Lane, Huntington Beach, CA, 92646	Deceased /Salesman
Mother-in-Law	Sally Lund	[redacted]	[redacted] Arbor Court, Fountain Valley, CA, 92708	Deceased/School Admin

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
	Kathleen Fontes	[redacted]	[redacted] Herrin Street, Redondo Beach, CA 90278	Environmental Activist
Spouse	John Jacecko	[redacted]	[redacted] Herrin Street, Redondo Beach, CA 90278	Computer Programmer
	Mathew Fontes	[redacted]	[redacted] State Highway 20, Colusa, CA 95932	Farmer
Spouse	Fernanda Vanetta	[redacted]	[redacted] State Highway 20, Colusa, CA 95932	Farmer
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	7th Street Elementary	San Pedro, Cal	9/72-6/76	Yes ☒ No ☐
High School	Mira Loma HS	Carmichael, Cal	9/81-6/84	Yes ☒ No ☐
College University	UC San Diego	La Jolla, Cal	9/84-6/89	Yes ☒ No ☐
Other	Washington University Medical School	St. Louis, MO	8/89-5/93	Yes ☒ No ☐

Type of degree obtained, if any..... B.S.,B.A.,M.D.

College or university where obtained..... UCSD, Wash U

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 Sacramento State Cal Date registered 3/84

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
Steven Fontes	Paternal Uncle	Murder	Houston	2015

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
April 2005 - present	[redacted] Foothills Village Drive	Henderson	NV
March 2002 - April 2005	1350 W. Horizon Ridge Pkwy, Apt. 221	Henderson	NV
XXX - March 2002	San Francisco		CA

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.

July 2014 - present	Desert Orthopaedic Center, 2600 E. Desert Inn Road, Ste. 100, Las Vegas, NV 89121	Currently employed
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Orthopedic Surgeon	Surgical and non-surgical care for patients with orthopedic injuries	Michael Pendelton
Title	Description of Duties	Name of Supervisor

March 2002 - July 2014	Black Mountain Orthopaedics, 1681 W. Horizon Ridge Pkwy, Henderson, NV 89012	Closed practice to join Desert Orthopaedic Center
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Orthopedic Surgeon	Surgical and non-surgical care for patients with orthopedic injuries	Self
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/93-6/98	UC San Francisco	Graduated
Title	Description of Duties	Name of Supervisor
Orthopedic Resident	Resident	David Bradford, M.D.

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 KAF

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 Phil McCoog	Home				[redacted]	40
Employer Hewlett Packard	Business					
Name Kamal Kalia	Home				[redacted]	40
Employer Self Employed	Business					
Name Chris Smith	Home				[redacted]	20
Employer Orthopedic Sales Rep	Business					
Name Michael Monroe	Home				[redacted]	
Employer Orthopedic Surgeon	Business					20
Name Andy Gabel	Home				[redacted]	
Employer Self Employed	Business					10

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
311 - Safe deposit box	Bank of Nevada	Henderson, NV	Self, Spouse (Amy Fontes)

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

Doctor, California, 1989-2001

Doctor Nevada 2001-2021

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 ☒

A

Date of photograph

Applicant's initial

STATE OF NV
ss.

COUNTY OF Clark

I, Roger A. Fontes Jr, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 21st day of April, 2021

Linda L. Lopez

Linda L. Lopez
Notary Public

(seal)

LINDA L. LOPEZ
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 99-53775-1
MY APPT. EXPIRES AUGUST 27, 2023

Applicant's initial RAF

ADDITIONAL INFORMATION

My uncle, who had a long history of mental health and substance abuse issues, was living with my grandparents in Deer Park Texas. They had been letting him live with them for months on a "temporary basis" so he could "get his life in order". Eventually, after remaining jobless and continuing to abuse alcohol ,they informed him he had to leave. He shot and killed my grandfather and step-grandmother in 2015. He pled guilty and has a life sentence without parole. I haven't seen or spoken with him in 30 years.

Applicant's initial

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Kristopher Mangosing

To: Sandra Schroeder
Subject: RE: Request for Addition to Agenda

Hi Kris,

I believe the request to appear would only be for me.

We have no pharmacy at the location I am at now, so I am currently working as a Dispensing Technician. I would like to tell patients at our clinic how to take their medications and use their insulin pens, GLP pens, etc.—all about patient education and safety to improve compliance and outcomes. Nothing specific—just the information we hope all patients are receiving when picking up medications from their pharmacist, regardless of the location.

Hope that helps!
Sandra

From: Kristopher Mangosing [mailto:kmangosing@pharmacy.nv.gov]
Sent: Thursday, August 5, 2021 2:09 PM
To: Sandra Schroeder <sschroeder@nvhealthcenters.org>
Subject: RE: Request for Addition to Agenda

Hi Sandra,

I just spoke with Lindsey at the pharmacy. First, she mentioned that Stephanie no longer works at the company. Is she still on this same request to appear?

Also, could you please attach a summary of the specific services you want to provide outside of the pharmacy. I will be placing it in the Board book for the Board to review prior to the meeting.

Thank you,

Kristopher Mangosing
Assistant Board Coordinator
Nevada State Board of Pharmacy

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From: Sandra Schroeder [mailto:sschroeder@nvhealthcenters.org]
Sent: Thursday, August 5, 2021 1:37 PM
To: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>
Subject: RE: Request for Addition to Agenda

Hello!
The services we would like approved are to counsel patients outside of a brick and mortar pharmacy. This would include medication information and device demonstrations.

Thank you!
Sandra

From: Kristopher Mangosing [mailto:kmangosing@pharmacy.nv.gov]
Sent: Tuesday, August 3, 2021 8:49 AM
To: Stephanie Ingrey <singrey@nvhealthcenters.org>; David Wuest <dwuest@pharmacy.nv.gov>
Cc: Sandra Schroeder <sschroeder@nvhealthcenters.org>; Yenh Long <ylong@pharmacy.nv.gov>
Subject: RE: Request for Addition to Agenda

Ms. Ingrey,

Can you and Ms. Schroeder provide information regarding the services you want approved by the Board?

Sincerely,

Kristopher Mangosing
Assistant Board Coordinator
Nevada State Board of Pharmacy

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From: Stephanie Ingrey [mailto:singrey@nvhealthcenters.org]
Sent: Monday, August 2, 2021 10:02 AM
To: David Wuest <dwuest@pharmacy.nv.gov>; Kristopher Mangosing <kmangosing@pharmacy.nv.gov>
Cc: Sandra Schroeder <sschroeder@nvhealthcenters.org>; Yenh Long <ylong@pharmacy.nv.gov>
Subject: RE: Request for Addition to Agenda

Thank you, Dave!

Stephanie Ingrey, PharmD.

Director, Pharmacy

Nevada Health Centers | Community Health Pharmacy
3325 Research Way, Carson City, NV 89706
Direct: 775.887.7049 Ext. 1123 | Fax: 775.887.5144 | Mobile: 775.508.1728

singrey@nvhealthcenters.org
Website | Facebook | Twitter | LinkedIn

NVHC is recognized as a Patient-Centered Medical Home by NCQA

From: David Wuest <dwuest@pharmacy.nv.gov>
Sent: Monday, August 2, 2021 9:55 AM
To: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>
Cc: Sandra Schroeder <sschroeder@nvhealthcenters.org>; Yenh Long <ylong@pharmacy.nv.gov>; Stephanie Ingrey <singrey@nvhealthcenters.org>
Subject: RE: Request for Addition to Agenda

Kris,

Please place them on the October agenda.

Thanks.
Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

From: Stephanie Ingrey <singrey@nvhealthcenters.org>
Sent: Friday, July 30, 2021 5:11 PM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>; Joe Dodge <j.dodge@pharmacy.nv.gov>; Yenh Long <ylong@pharmacy.nv.gov>
Cc: Sandra Schroeder <sschroeder@nvhealthcenters.org>
Subject: RE: Request for Addition to Agenda
Importance: High

Good afternoon Dave, Yenh and Joe,

I wanted to follow up with you regarding the need to be added to your meeting agenda for permission to counsel outside a pharmacy. Sandra Schroeder and I are hoping to appear before the board in October. I sent an email earlier this month (see below), but haven't heard back yet. I will follow up with a call next week.

Thank you and have a wonderful weekend!
Stephanie

Stephanie Ingrey, PharmD.
Director, Pharmacy

Nevada Health Centers | Community Health Pharmacy
3325 Research Way, Carson City, NV 89706
Direct: 775.887.7049 Ext. 1123 | Fax: 775.887.5144 | Mobile: 775.508.1728

singrey@nvhealthcenters.org
Website | Facebook | Twitter | LinkedIn

NVHC is recognized as a Patient-Centered Medical Home by NCQA

From: Stephanie Ingrey
Sent: Tuesday, July 13, 2021 8:20 AM
To: pharmacy@pharmacy.nv.gov
Cc: Sandra Schroeder <sschroeder@nvhealthcenters.org>
Subject: Request for Addition to Agenda

Good morning Board of Pharmacy,

I'd like to request that Sandra Schroeder and I be added to your next open board meeting agenda. Sandra and I are both requesting authorization to counsel patients outside of a pharmacy. Please let me know if you would like any additional information. Thank you for your consideration.

Best regards,
Stephanie

Stephanie Ingrey, PharmD.
Director, Pharmacy

Nevada Health Centers | Community Health Pharmacy
3325 Research Way, Carson City, NV 89706
Direct: 775.887.7049 Ext. 1123 | Fax: 775.887.5144 | Mobile: 775.508.1728

singrey@nvhealthcenters.org
Website | Facebook | Twitter | LinkedIn

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This matter is continued to a future Board Meeting.

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EXECUTIVE SECRETARY REPORT
October 13-14, 2021

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - COVID-19
- **REPORT TO BOARD**
  - Legislative Update
  - 2022 Meeting Calendar
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - Covid Vaccine update
  - MAB Update

Temporary Licenses

(Issued since last meeting)

Name	License Type	Name	License Type	Name	License Type	Name	License Type
Shelly Sulfrian	Pharmacist	Kimberly Gomez	Pharmacist	Kaylin Ameling	Pharmacist	Medsync Pharmacy	Pharmacy
MINA BAGHZOUZ	Pharmacist	Kaitlin Tyler	Pharmacist	Brandon Young	Pharmacist		
Sara Whitt	Pharmacist	Amanda Jehl	Pharmacist	Giovanni Hall	Pharmacist		
Monica Hong	Pharmacist	George Moya	Pharmacist	Jennifer Calder	Pharmacist		
Arreiva Benson-Papillion	Pharmacist	Anh Nguyen	Pharmacist	Julie Kopinski	Pharmacist		
Daniel Perina	Pharmacist	Lynette Washington	Pharmacist	Rachel Wiechert	Pharmacist		
Natalie Salese	Pharmacist	Thao Phan	Pharmacist	Tung Giang	Pharmacist		
Onyeoma Uyanwune	Pharmacist	Micah Cheak	Pharmacist	Thomas Steele	Pharmacist		
Khaled Aboutaleb	Pharmacist	Jason Foil	Pharmacist	Lara Golwas	Pharmacist		
Pankajkumar Patel	Pharmacist	Bradley Stoltz	Pharmacist	Robert Byrd	Pharmacist		
Zachary Fair	Pharmacist	Tamie Chamy	Pharmacist	Robert Roberts III	Pharmacist		
Bhairavi Youngblood	Pharmacist	Karen Muir	Pharmacist	Samantha Ray	Pharmacist		
Carol Capps	Pharmacist	Evan Weight	Pharmacist	John Leighton	Pharmacist		
Moheb Elelah Said	Pharmacist	Steven Strader	Pharmacist	Phieu Au	Pharmacist		
Jaime Miller	Pharmacist	Meredith Holderfield	Pharmacist	Jill Allard	Pharmacist		
Amanda Motta	Pharmacist	Cassie McCullough	Pharmacist	Scott Andrus	Pharmacist		
Ammon Millet	Pharmacist	Jessie Kruse	Pharmacist	Brittney Baker	Pharmacist		
Alexander Pytlarz	Pharmacist	Joshua Burk	Pharmacist	Shane Branscum	Pharmacist		
Kenneth Pham	Pharmacist	Annetta Allen	Pharmacist	Rebecca Bahr	Pharmacist		
Matthew Stewart	Pharmacist	Jonathan O Donnell	Pharmacist	Paige Blatchford	Pharmacist		
Robyn Shalinsky	Pharmacist	Kitrina Woloschek	Pharmacist	Mika Ballesteros	Pharmacist		
Irene Frances Solorio	Pharmacist	Gregory Jonas	Pharmacist	Barton Brettnacher	Pharmacist		
Deanna Schreiner	Pharmacist	Erin Ballard	Pharmacist	Spencer Brown	Pharmacist		
Chance Warr	Pharmacist	Brian Vo	Pharmacist	Garret Bartosh	Pharmacist		
Ryan Young	Pharmacist	Daniel Golembeski	Pharmacist	Douglas Braun	Pharmacist		
Peter Fleck	Pharmacist	Robyn Stewart	Pharmacist	Robert Dobbins	Pharmacist		
Mark Johnson	Pharmacist	Brandon Green	Pharmacist	Josef Evalle	Pharmacist		
Feuy Saechao	Pharmacist	Nathanial Cecil	Pharmacist	Matthew Evans	Pharmacist		
Steven Farless	Pharmacist	Joseph Gurka	Pharmacist	Taelor Eberhardt	Pharmacist		
Joseph Torres Jr	Pharmacist	Richard Brusic	Pharmacist	Alisa Eibling	Pharmacist		
Nina Diez	Pharmacist	Jeril Kurian	Pharmacist	Nicholas Ferraco	Pharmacist		
Caleb Tang	Pharmacist	Dominick Spada	Pharmacist	Miranda Helmerichs	Pharmacist		
Jenny DeRose	Pharmacist	Calvin Buabeng	Pharmacist	Haidy Hanna	Pharmacist		
Christopher Gilbert	Pharmacist	Helen Chung	Pharmacist	Sean Harms	Pharmacist		
Brandon Salke	Pharmacist	Enrica Tevari	Pharmacist	Lori Wells	Pharmacist		
Aaron Broadwell	Pharmacist	Todd Biedenharn	Pharmacist	John Weitgenant	Pharmacist		
Norman Beck	Pharmacist	Brendon Kestler	Pharmacist	Justin Weyer	Pharmacist		
Stacy Chen	Pharmacist	Richard Mertz	Pharmacist	Terry Storm	Pharmacist		
Mabel Shrestha	Pharmacist	Joanne Colegrove	Pharmacist	Ronald Rahe	Pharmacist		
Nghi Van	Pharmacist	Amber Garner	Pharmacist	Ngoc Pham	Pharmacist		
Mariana Nasralla	Pharmacist	Laura Rucker	Pharmacist	Patricia Luedtke	Pharmacist		
Alexanders Semis	Pharmacist	Jennifer Williams	Pharmacist	Teresa Kelley	Pharmacist		
Gabrielle Pack	Pharmacist	Lance Paulson	Pharmacist	Connie Kerkhove	Pharmacist		
Nimesh Patel	Pharmacist	Daniel Hagerman	Pharmacist	Pamela Helser	Pharmacist		
Chia Yee Chou	Pharmacist	Peter Boam	Pharmacist	Rusty Helser	Pharmacist		
Jeannie Saylor	Pharmacist	Kimberly Delis	Pharmacist	Karalynn Yamashita	Pharmacist		
Ryan Bryndle	Pharmacist	Jason Hodges	Pharmacist	Jonathan Villanova	Pharmacist		
Melvin McCue	Pharmacist	Fei-Shu Hu	Pharmacist	Samuel Varghese	Pharmacist		
Sonya Dunn	Pharmacist	Richard Schuster	Pharmacist	Brady Tucker	Pharmacist		
Elizabeth Pharoah	Pharmacist	Maru Ortega	Pharmacist	Adam Timm	Pharmacist		
Temur Nasser	Pharmacist	Yareli Zazueta	Pharmacist	Sharron Seymour	Pharmacist		
James Miller	Pharmacist	Shane Himmerich	Pharmacist	Nathan Shaffer	Pharmacist		
Robert Chambliss	Pharmacist	Megan Klueber	Pharmacist	Robbie Schwenker	Pharmacist		
Sundeep Thakrar	Pharmacist	Kylea Larsen	Pharmacist	Janet Mara	Pharmacist		
Ze Jiang	Pharmacist	Dylan Stoebner	Pharmacist	Tiffany McGraw	Pharmacist		
Alex Petrovici	Pharmacist	Spenser Wipf	Pharmacist	Sarah Wolfe	Pharmacist		
Tina Shah	Pharmacist	Lucas Darling	Pharmacist	Joseph Eckhout IV	Pharmacist		
Sung Jae Durham	Pharmacist	Abram Guard	Pharmacist	David Collins	Pharmacist		
Jaime Wynn	Pharmacist	Kyle Weiss	Pharmacist	Gari Basin	Pharmacist		
Ryan Leung	Pharmacist	Joel Engle	Pharmacist	David Smith	Pharmacist		
Courtney Sullens	Pharmacist	Jerry Hudspeth II	Pharmacist	Bradley Gilchrist	Pharmacist		
Brandon Pagel	Pharmacist	Yvette Lonardo	Pharmacist	Rodney Ford	Pharmacist		
Vito Graziano	Pharmacist	Marianne Tyson	Pharmacist	Jessica Peterson	Pharmacist		
Julie Brown	Pharmacist	Borgny Gerth	Pharmacist	Ashley Reinschmidt	Pharmacist		
Linda Antonishek	Pharmacist	Brett Kakugawa	Pharmacist	Dhvani Patel	Pharmacist		
Anne Harthman	Pharmacist	Mark Taylor	Pharmacist	Angela Pepin	Pharmacist		
Joseph Montgomery	Pharmacist	Ana Espinal	Pharmacist	Adriane Norman	Pharmacist		
Diane Damrau	Pharmacist	Lisa Girten	Pharmacist	Ursula Moses	Pharmacist		
Anh Le	Pharmacist	Prerakkumar Adhuria	Pharmacist	Mohamed Mouissat	Pharmacist		
Rodjsyne Jones	Pharmacist	Ann Campagna	Pharmacist	Theresa Min	Pharmacist		
Stanley Charles	Pharmacist	John DaVault	Pharmacist	Nagina Minhas	Pharmacist		
Delrae Hartsfield	Pharmacist	Kamal Saliba	Pharmacist	Christopher Jurma	Pharmacist		
Susan Giudice	Pharmacist	Ryan Kunkel	Pharmacist	Eric Headlee	Pharmacist		
Edgardo Alvira	Pharmacist	Julie Campion	Pharmacist	Lyman Holyoak	Pharmacist		
Julie Bowyer	Pharmacist	Steven Bodenberg	Pharmacist	Brooke Heath	Pharmacist		
Carolyn Bast	Pharmacist	Bernice Peeples	Pharmacist	Christopher Holler	Pharmacist		
Bobbie Cobb	Pharmacist	Katrina Stokes	Pharmacist	Garett Cermele	Pharmacist		
Michaela Bunde	Pharmacist	Keith Koontz	Pharmacist	Natalie Dreyer	Pharmacist		

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	06/15/21	
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	Hold per Dave			
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 Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21				
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21		
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21				
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21					
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21		
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21					
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or	07/15/21	07/20/21	R025-21					

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
euthanasia technician. (Senate Bill 408)								
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21					
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21		
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21					
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 continued							
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21					
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21					

Board Meeting Dates 2022

January 12-13	Las Vegas
March 2-3	Reno
April 13-14	Las Vegas
Jun 1-2	Las Vegas
July 13-14	Reno
September 7-8	Las Vegas
October 12-13	Las Vegas
Nov 30 - Dec 1	Las Vegas

January

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March

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27	28	29	30	31		

April

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
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24	25	26	27	28	29	30

May

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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29	30	31				

June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
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24	25	26	27	28	29	30
31						

August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
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21	22	23	24	25	26	27
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September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
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October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

STATE HOLIDAYS (OBSERVED)

New Years Day	January 1 (observed Dec. 31)
Martin Luther King Day	January 17
President's Day	February 21
Memorial Day	May 30
Independence Day	July 4
Labor Day	September 5
Nevada Day	October 28
Veteran's Day	November 11
Thanksgiving Day	November 24
Family Day	November 25
Christmas Day	December 25 (observed Dec. 26)

ANNUAL MEETINGS

APhA Annual Meeting	Nov. 6-9	Boston, MA
NACDS Annual Meeting	Apr. 23-26	Palm Beach, FL
NABP Annual Meeting	May 19-21	Pheonix, AZ
ASHP Summer Meeting	June 11-15	Pheonix, AZ
NASCSA Annual Meeting	Oct. 24-27	Birmingham, AL
ASHP Mid Year Meeting	Dec. 4-8	Las Vegas, NV
NABP District 8 Meeting	?	?

21

21A

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R003-21

August 17, 2021

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 453.221, 639.070 and 639.170.

A REGULATION relating to pharmacy; revising provisions relating to the fee for the authorization of practitioners who are medical interns and resident physicians to prescribe or possess controlled substances and for the biennial renewal of such authorization; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the registration and control of the dispensing of controlled substances within this State. (NRS 453.221, 639.070) Existing law establishes the maximum fees that the Board may charge for authorization of a practitioner to prescribe or possess controlled substances and for the biennial renewal of such authorization. (NRS 639.170) Existing regulations prescribe the fees for the authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances. (NAC 639.220) This regulation reduces the fee for the authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances and for the biennial renewal of such authorization from $200 to $80.

Section 1. NAC 639.220 is hereby amended to read as follows:

639.220 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 $200

For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity 200

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 investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 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 200

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.....50

For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training.....50

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, facility for treatment with narcotics, researcher, instructional user or any other authorized person ***, except a practitioner who is a medical intern or resident physician,*** to prescribe or possess controlled substances.....200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person , *except a practitioner who is a medical intern or resident physician,* to prescribe or possess controlled substances 200

For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician 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 human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption 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 human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption 300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption 150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption 150

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 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 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 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.

8. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay actual costs of inspection incurred by the Board.

21B

REVISED PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R008-21

August 17, 2021

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1-5, NRS 453.162, 639.070, as amended by section 3 of Senate Bill No. 408, chapter 218, Statutes of Nevada 2021, at page 1016, and NRS 639.23916; § 6, NRS 453.162, 453.165 and 639.070, as amended by section 3 of Senate Bill No. 408, chapter 218, Statutes of Nevada 2021, at page 1016, and NRS 639.23916.

A REGULATION relating to pharmacy; prescribing requirements governing the integration of electronic health records with the records of patients in the database of the computerized program to track prescriptions for controlled substances; providing that certain persons and agencies have Internet access to that database; requiring a person to read the user support manual for the database before he or she is granted access to the database and comply with the manual when using the database; providing that the database may only be accessed electronically; prohibiting the reproduction, copying or transfer of data from the database; prescribing the procedures for an employee of a law enforcement agency to obtain access to the database; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Pharmacy and the Investigation Division of the Department of Public Safety to cooperatively develop a computerized program to track each prescription for a controlled substance listed in schedule II, III, IV or V. Existing law requires the computerized program to include, to the extent that money is available, the ability to integrate the records of patients in the database of the computerized program with the electronic health records of practitioners. If that ability is included, existing law requires any person or entity that provides a system for the maintenance of electronic health records to a practitioner to ensure that the system includes, as a function of the system, the ability to integrate the records of patients in the database of the computerized program into the electronic health records of the practitioner. (NRS 453.162) **Section 2** of this regulation: (1) requires a practitioner whose electronic health records are integrated with the records in the database of the computerized program to maintain certain records; and (2) prohibits certain persons designated to access the database of the computerized program from accessing that database through electronic health records. **Section 3** of this regulation provides that the Board will provide Internet access to the database of the computerized program to: (1) certain persons authorized to access such a

database under federal law; and (2) certain agencies of other states with which the Board and the Division have entered into an information-sharing agreement.

Existing law requires persons who are required to access the database of the computerized program to complete a course of training developed by the Board and the Division. (NRS 453.164) **Section 4** of this regulation adopts by reference a user support manual for the database, requires such a person to read and comply with that user support manual and provides that reading the manual satisfies the training requirement. **Section 5** of this regulation: (1) provides that the database may only be accessed electronically; and (2) prohibits the reproduction, copying or transfer of data from the database.

Existing law requires the Board to allow an employee of a law enforcement agency to access the database of the computerized program if the employer certifies that the employee has been approved for such access and has completed the required course of training. Such an employee of a law enforcement agency is authorized to access the database only to: (1) investigate a crime related to prescription drugs; or (2) upload certain information obtained during an investigation to the database. (NRS 453.165) **Section 6** of this regulation authorizes an employee of a law enforcement agency who meets the requirements for access to the database to: (1) enroll with the Board to have ongoing access; or (2) access the database without enrolling to obtain a patient utilization report or a summary of a practitioner's prescribing history for use in a particular investigation.

Section 1. Chapter 453 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. *1. A practitioner whose electronic health records are integrated with the records of patients in the database of the computerized program established pursuant to NRS 453.162 shall:*

(a) Maintain the electronic health records in conformance with all applicable federal and state laws;

(b) Maintain a record of access to the database of the computerized program and the retrieval of patient utilization reports from that database; and

(c) Retain the records described in paragraph (b) as a health care record in accordance with NRS 629.051 to 629.069, inclusive, in a manner that is easily retrievable upon the request of the Board or a representative thereof.

2. A person designated as a delegate pursuant to NAC 453.070 or 453.074 or section 2 of LCB File No. R035-19 is not authorized to access the database of the computerized program established pursuant to NRS 453.162 using electronic health records.

3. As used in this section, "electronic health record" has the meaning ascribed to it in NRS 453.162.

Sec. 3. *The Board will provide Internet access to the database of the computerized program established pursuant to NRS 453.162 for the purpose of obtaining patient utilization reports to:*

1. Employees of the United States Department of Veterans Affairs who are authorized to access such reports under the provisions of 38 U.S.C. § 1730B;

2. Persons who are authorized to access such a report under Medicaid pursuant to 42 U.S.C. § 1396r-8(g) or 42 U.S.C. § 1396w-3a; and

3. Persons who are authorized to access reports under the provisions of a written agreement entered into pursuant to subsection 2 of NRS 453.163.

Sec. 4. *1. The PMP AWARxE Requestor User Support Manual: Nevada Prescription Monitoring Program, published by Appriss Health, is hereby adopted by reference. A copy of the publication is available, free of charge, from the Board at the Internet address https://bop.nv.gov/uploadedFiles/bopnvgov/content/Links/12.14.18.NV%20Requestor%20User%20Support%20Manual.pdf.*

2. The Board will periodically review the publication adopted by reference in subsection 1 and determine, within 120 days after the review, whether any change made to the publication is appropriate for application in this State. If the Board does not disapprove a change to the

publication within 120 days after the review, the change is deemed to be approved by the Board.

3. Each person required or authorized to receive Internet access to the database of the computerized program pursuant to NRS 453.164, 453.1645 or 453.165:

(a) Must read the publication adopted by reference in subsection 1 before the Board will provide the person with Internet access to the database. Compliance with this paragraph satisfies the requirement prescribed by subsection 5 of NRS 453.164 to complete a course of training developed by the Board and the Division.

(b) Shall comply with the publication adopted by reference in subsection 1 when using the database.

Sec. 5. *A person granted Internet access to the database of the computerized program established pursuant to NRS 453.162:*

1. May only access data in the database electronically; and

2. Shall not reproduce, copy or transfer the data in a hardcopy or electronic format.

Sec. 6. NAC 453.065 is hereby amended to read as follows:

453.065 1. A practitioner or other person who is required to register with the Board pursuant to subsection 1 of NRS 453.226 to dispense controlled substances must also enroll with the Board pursuant to this section for Internet access to the database of the program established pursuant to NRS 453.162.

2. ***An employee of a law enforcement agency who intends to regularly access the database of the computerized program established pursuant to NRS 453.162 for the purposes described in NRS 453.165 may enroll with the Board pursuant to this section.***

3. To enroll pursuant to this section for Internet access to the database, the practitioner or other person *or employee of a law enforcement agency* must apply to the Board on an application provided by the Board. For purposes of subsection 1 of NRS 453.226, the Board will deem such enrollment as proof that the practitioner or other person is authorized to access the database. ***An application submitted by an employee of a law enforcement agency pursuant to this subsection must be accompanied by the certification required by subsection 2 of NRS 453.165.***

~~[3.]~~ ***4. An employee of a law enforcement agency who is not enrolled pursuant to this section may obtain a patient utilization report pursuant to NRS 639.23507 or a summary of a practitioner's prescribing history from the database of the computerized program for use in an investigation if he or she submits the certification required by subsection 2 of NRS 453.165.***

5. Access to the database is a revocable privilege, and no holder of such access to the database of the *computerized* program acquires any vested right therein or thereunder.

21C

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R024-21

August 17, 2021

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: § 1, NRS 453.146, 453.2182 and 639.070.

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in schedule IV of the Uniform Controlled Substances Act; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act by regulation. (NRS 453.146) Existing law also provides that if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board is required, with certain exceptions, to similarly treat the substance under the Uniform Controlled Substances Act. (NRS 453.2182) This regulation adds lemborexant and remimazolam to the list of controlled substances set forth in schedule IV of the Uniform Controlled Substances Act, consistent with federal regulations. (21 C.F.R. § 1308.14)

Section 1. NAC 453.540 is hereby amended to read as follows:

453.540 1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including, without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:

(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxy-butane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alprazolam;

Barbital;

Bromazepam;

Butorphanol;

Camazepam;

Carisoprodol;

Chloral betaine;

Chloral hydrate;

Chlordiazepoxide;

Clobazam;

Clonazepam;

Clorazepate;

Clotiazepam;

Cloxazolam;

Delorazepam;

Diazepam;

Dichloralphenazone;

Eluxadoline;

Estazolam;

Ethchlorvynol;

Ethinamate;

Ethyl loflazepate;

Fludiazepam;

Flunitrazepam;

Flurazepam;

Halazepam;

Haloxazolam;

Ketazolam;

Lemborexant;

Loprazolam;

Lorazepam;

Lorcaserin;

Lormetazepam;

Mebutamate;

Medazepam;

Meprobamate;

Methohexital;

Methylphenobarbital (mephobarbital);

Midazolam;

Nimetazepam;

Nitrazepam;

Nordiazepam;

Oxazepam;

Oxazolam;

Paraldehyde;

Petrichloral;

Phenobarbital;

Pinazepam;

Prazepam;

Quazepam;

Remimazolam;

Suvorexant;

Temazepam;

Tetrazepam;

Tramadol (2-((dimethylamino)methyl)-1-(3-methoxyphenyl)cyclohexanol);

Triazolam;

Zaleplon;

Zolpidem; or

Zopiclone.

4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on schedule IV. For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

Cathine ((+)-norpseudoephedrine);

Diethylpropion;

Fencamfamin;

Fenproporex;

Mazindol;

Mefenorex;

Modafinil;

Pemoline (including organometallic complexes and chelates thereof);

Phentermine;

Pipradrol;

Sibutramine; or

SPA ((-)-dimethylamino-1,2,diphenylethane).

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.

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